

THE CHICAGO MEDICAL JOURNAL.

VOL. II.

JULY, 1859.

No. 7.

ORIGINAL COMMUNICATIONS.

ARTICLE I.

CASE OF CONGENITAL ABSENCE OF THE VAGINA, WITH THE
UTERUS IN A RUDIMENTARY STATE, IN WHICH AN
OPERATION WAS PERFORMED; WITH REFLECTIONS
ON THE OPERATIONS PERFORMED FOR ABSENCE
OR OBLITERATION OF THE VAGINA.

BY DANIEL BRAINARD, M.D., PROF. OF SURGERY IN RUSH MEDICAL COLLEGE.

The vagina and uterus are subject to every conceivable degree of imperfection from simple narrowing or occlusion from adhesion of the walls to entire absence of one or both these parts.

A systematic classification of these anomalies would range them as follows:

1.—Congenital.

- a. Imperforation of the vagina from adhesion, or from closure of the hymen.
- b. Absence of the vagina throughout its whole extent.
- c. Absence of the vagina and uterus.
- d. Absence of the uterus with the existence of the vagina.

2.—Accidental.

- a. Closure of the vagina from adhesions or sloughing (partial).
- b. The same (complete).

Imperforation of the hymen, or simple adhesion of the sides

of the vagina at the external orifice, is an accident of so simple a character, so easily remedied, and of such frequent occurrence, as not to require a lengthened notice. Separating the adhesions by pressure with the fingers or with a blunt instrument, or puncturing the hymen with a bistoury, if necessary, is the treatment demanded. This should be done as soon as the defect is discovered. This precept now generally approved is important for two reasons: because leaving it to obstruct the menstrual flow is dangerous to the health and even to life; and because this closure is often the cause of imperfect development or delay in development of the sexual organs.

This occlusion, and the operation for its relief, were perfectly well known to the earlier writers, and even to the ancients. The fullest account we have of the whole subject is in Morgagni and Aristotle: Hippocrates and Galen were well acquainted with it. It is said that Cornelia, mother of the Gracchi, was affected in this way. It is not, however, to be supposed that the operation of puncture is entirely free from danger. Cases of death from this cause are on record, and will be cited further on, but this seems rather from the effect of distention from retained menses than from the wound itself.

Partial or perfect closure of the vagina or of the os uteri, occurring during pregnancy, so as to obstruct the passage of the child's head, is also an accident so well understood as not to require much comment. All obstetricians agree that in these cases the cicatrices should be incised early, in order to avoid delay and danger of rupture of the uterus. M. Lombard, of Geneva, reported to the Academy of Medicine a case in which the canal of the vagina had been obliterated by injection of sulphuric acid, employed for the purpose of producing abortion. Although incisions were made in this case, they were insufficient, and the patient died after the Cæsarian section had been performed.

I have myself had knowledge of a similar case, in which a piece of whalebone was employed to procure abortion. A firm cicatrix was the result, which, not being recognized by the medical attendant in labor, rupture of the uterus and death resulted.

There is reason to believe that cases of occlusion of the uterus occasionally met with in labor, and of which no explanation is found, are due to attempts to procure abortion.

Accidental obliteration of the vagina.—This accident occurs from pressure of the child's head during labor, improper use of instruments, syphilitic ulcerations, the use of caustic injections, erysipelas following measles or scarlatina, and sometimes without any known cause. I have treated a case in which the inflammation was caused by a disproportion of development of the sexual organs of the male and female. Although the woman in this case was nineteen years of age, the organs were imperfectly developed like those of a girl of fourteen.

Adhesions might, no doubt, be prevented by proper care were danger apprehended, but most frequently it is the impossibility of sexual connection, or the pain occasioned by retention of the menses, which first suggests the necessity of the examination which detects the nature of the difficulty. When the menses return they are accompanied by great pain, which increases at each succeeding period until at length it becomes constant. It is like labor pain, and unless rupture and discharge of the menstrual blood into some internal cavity, or into a passage opening externally should occur, causing death or giving relief, the patient dies, exhausted as in long protracted labor. It is said that the blood sometimes finds its way into the peritoneum, through the Fallopian tube, and thus causes death.

Treatment.—The treatment of obliteration of the vagina throughout the whole length is not unattended with difficulty and danger. As the same rules of practice are applicable here as in cases of congenital absence of the vagina with the presence of the uterus, both these cases will be considered together. And in the first place it may, I think, be laid down as a rule that absence or obliteration of the vagina in *unmarried women*, where the menstrual flux does not take place into the uterus, does not require or justify any attempt at operation. It should, whenever its existence is ascertained, be considered an inseparable bar to the contracting matrimonial relations. But when the menstrual fluid is poured into the uterus, symptoms so severe and dangerous are produced as to call in the most urgent manner

for an operation. Nor are the reasons which call for the formation of an artificial passage in the married female, in whom no symptoms of the menstrual periods occur, much less urgent. Life is not in danger, but it is without value, as the subjects of the malformation or accident are not only subject to be divorced, but are deprived of the sympathy to which they are entitled, and subjected to the contempt of persons of their own class, who often suppose them to be hermaphrodites.

The operation generally resorted to in these cases consists in making an opening in the natural course of the vagina, and puncturing the uterus in case the os uteri cannot be found. For this purpose a sound should be passed into the bladder and held by an assistant, the index finger of the left hand passed into the rectum. The separation of the membranes of the two organs should be effected as far as possible with the fingers of the right hand, and the scalpel only resorted to when bands are met with which cannot be otherwise overcome. If an incision into the uterus is required, it should be to the extent of three-fourths of a circle, an inch in diameter. This, if kept open for a time with a bougie, has no tendency to close. The bougie or catheter inserted in such cases should be wound below the point with oil silk or india rubber cloth, so as to constitute a sort of pessary an inch or more in diameter, to prevent the closure of the passage. This operation is most conveniently done with the patient in the same position as required for the lateral operation of lithotomy. The probability of being able to establish a communication with the uterus is much greater when that organ is distended by the menstrual fluid than when in a state of vacuity; it is therefore advisable to wait in most cases until the enlargement is ascertained by examination.

The operation, I have said, is not without difficulty and danger. The difficulty results from the liability to lay open the bladder, rectum or peritoneum, or from the impossibility of reaching the os uteri; the danger from the effects of these accidents and from peritonitis, even when no accident has occurred during the operation. The liability to this is so great that many eminent surgeons do not consider the operation as advisable, and recommend puncture through the rectum instead.

Vidal, "Traite de Pathologie Externe," vol. v, p. 618, says: "I have seen this operation performed three times, and each time death has resulted more or less promptly." This he attributes to the passage of air into the uterus, and recommends precautions to prevent it. Mr. Cæsar Hawkins has seen death by peritoneal inflammation result from the puncture of an imperforate hymen, and from puncture of the bladder in another case. DeHaen, in an operation of the kind, opened the bladder, and his patient died. A case is reported in the *Gazette Medicale*, for 1846, p. 57, in which the obstruction seems not to have been perfect, in which a vesico-vaginal fistula is said to have resulted from the operation. Stein and Busch opened the peritoneum, and in consequence their patients died. M. Capuron communicated to the Academy of Medicine a case in which the uterus was punctured from the perineum with a trochar, but permanent relief was not obtained, and the patient died at the end of ten months. Morgagni relates a case in which, after death, the bladder was found to have been opened; but in this instance one of the Fallopian tubes had burst, and discharged its blood into the peritoneum. In a case operated by M. Morrison, an abscess formed in the iliac fossa. A patient of M. Langenbeck died from peritonitis. Dupuytren is said to have frequently seen accidents of an extremely dangerous character result from the operation (Velpéau, *Operative Surgery*, vol. iii, p. 788, No. 7 edition). In a consultation in M. Amussat's case, Boyer, Marjolin and Magendie advised against any operation. Sir Astley Cooper is said to have cut through two inches of obliterated vagina without finding the os uteri. Mr. Worthington lost his patient, although the occlusion was but half an inch in thickness.

On the other hand, the instances of successful results are so numerous as at the present time to greatly overbalance the unfavorable ones. Among the most noted of these is one reported to the Academy of Sciences in 1832, by M. Amussat, in which an operation was performed on a girl of fifteen years of age for a congenital absence of the vagina. There was retention of the menses. The operation was entirely successful, and the report should be consulted by any one desirous of in-

formation on the subject. M. Flamant, of Strasburg, performed a successful operation of the kind. Indeed, successful operations are now so numerous that they cannot all be enumerated. Messrs. Bal, Kluykens, Gendron, Willhaume, Roux, Nelaton, Mussy (two cases), Mott (said to have operated on a "considerable number"), Harvey de Chegein, DeHaen, Dr. J. M. Warren (four cases), Ventura, Cabaret, Delpech, Desgranges, Renaudin, Keates, Jefferson, Coste, Rossi, Toulmouche, Hayward (two). Reports of these have fallen under my notice, besides many others, in which the occlusion not being complete, they do not come within the scope of this paper.

I have myself met with four cases of accidental obliteration of the vagina. In one already alluded to, the cause was violence from a piece of whalebone used to cause abortion. This resulted in rupture of the uterus and death during labor. Another was caused by the use of instruments in labor, and the entire obliteration of the vagina was accompanied by a vesical fistula. As the menses had not returned, I advised no operation until the uterus should be moderately distended with blood.

The third case was that of Mrs. D., of Wisconsin, a partial report of which was published in the *American Journal of the Medical Sciences*, for October, 1853, p. 365. The exciting cause in this instance seemed to be violence done in sexual connection, an example of which is also furnished in a case of Dr. J. M. Warren. The inflammation was violent; the sloughing extensive; and the closure perfect, both of the entire vagina and of the os uteri. The result of the operation in this was, I think, more favorable than that in any similar case of which I have knowledge. I refer to the greater capacity of the artificial vagina, preserved by keeping for a long time within it a sort of pessary, made with pieces of sponge placed around a piece of wood, and covered with oil silk. Four years after the operation, sexual contact was effected without any perceptible obstruction.

In the fourth case, reported in part with the last, the cause was instrumental labor. The result of the operation was perfectly satisfactory; the menses occurred without difficulty, but the details are not so well known to me.

If any doubt concerning the urgent necessity of an operation

in these cases can still be entertained, it will be removed by a glance at a case left to itself.

Dr. J. B. S. Jackson, in 1850, presented to the Boston Society for Medical Improvement a uterus and Fallopian tubes distended with menstrual fluid. The subject, a female of twenty-five years of age, was, in other respects, well formed, but the vagina was wanting. On the discovery of this defect, a consultation of professed surgeons was called, who decided against any operation.

Difficult and dangerous as are these cases of accidental destruction of the vagina, they are not the most perplexing or the most hopeless of the imperfections we are called upon to treat. Cases of absence of the vagina and uterus, or in which these organs exist in a rudimentary state, but in which the breasts and external organs are developed, with all the feminine characteristics, occasionally present themselves under circumstances which appeal strongly to the surgeon for some attempt at relief; and there are some cases on record in which operations have been performed for these malformations, with a certain degree of advantage. Thus Langenbeck, as quoted by Velpeau, succeeded in rendering the vagina permeable in a case in which the uterus was wanting. Dupuytren dissected three inches into the tissue, beyond the extremity of an imperfectly formed vagina, without reaching any uterus. Dr. John Watson, about the year 1844, met with a case in which the uterus was imperfectly developed, and the vagina entirely wanting. There were no signs of menstruation. Nevertheless, Dr. Watson operated by incision, and found the os uteri. The patient recovered, but there was no menstruation, and the opening made contracted to a small size—(*N. Y. Journal of Medicine*, for 1844). It is probable that if a properly shaped pessary had been retained for several months in the passage, or if the patient had been so placed as to have frequent sexual connection, that this contraction of the passage would not have taken place. Dr. E. P. Bennett, of Danbury, Conn., met with a case in which the vagina terminated in a *cul-de-sac*. Attempts to find the uterus by incision were made without success. Sir Astley Cooper is said to have cut through two inches of cicatrix without being

able to find the os uteri. Dr. McFarlane performed a similar operation, but his patient died from peritonitis.

I admit that in case of an unmarried woman, if a surgeon were consulted he should advise against matrimony, and, perhaps, against the performance of any operation. But where a woman has ignorantly entered into the married state and desires an operation, the case assumes a different aspect. The motives which require it are as important to her as if her life were involved; and the question is, whether an artificial vagina, which will be a substitute for a natural one, can be formed without very great danger? To this question an affirmative answer may be given. An artificial vagina is more readily formed in congenital absence than after accidental obliteration. In the latter case, the labia and nymphae are found retracted and diminished in size, from being drawn inward by the contraction of the cicatrix; while in the former, if the sides of the newly formed passage are prevented from coalescing, the mucous tissue of the labia and nymphae, as cicatrization progresses, is drawn inward, expands and developes itself so as to form the walls of the new passage. The mechanism of this has been fully dwelt upon by M. Amussat in the paper already quoted.

Operations for the formation of artificial vaginæ succeed better than *a priori*, we would have reason to expect. The proposition to make an artificial passage in the living tissues in any other part of the body, and to keep it pervious by the presence of a foreign body, would hardly be entertained. But in the case of the vagina, that tendency of the organ to develop itself, which is so marked at puberty, exists for a long time, and is, in my opinion, stimulated into activity by the presence of a foreign body. Certain it is that in two cases the success of the operations which I have performed, with some degree of reluctance, was beyond what I anticipated.

It is not improbable that a simple adhesion of the sides of the orifice of the vagina, at an early period of intra-uterine life, may be the cause of arrest of developement, as we know that adhesion of the prepuce to the glans penis prevents the full developement of the male organs.

It has been noticed too that puncturing the imperforate hymen

in young girls gives rise to a temporary sexual feeling of a precocious and somewhat hysterical character.

Without insisting too much upon views which may be regarded as theoretical, I will only premise further that absence of the vagina and uterus is a malformation by no means excessively rare, and therefore important in a practical sense, from its medico-legal as well as from its surgical bearings.

Cases of absence of the uterus, or in which it existed in so imperfect a state as not to be detected by the touch, have been reported by Morgagni (three), Columbus, Fromondus, Haller, Cailliot and Richerand, La Metrie, Baudeloque, Lieutaud, Bosquet, Theden, Rault, Burggrave (who reports two), Bertani, Ramsbottom, Quain, Flamant, Lombard, Boechm, E. P. Bennett, A. Boyd (two), Breschet, Wehr, Seguin, the late S. G. Crawford, of Joliet, Ziehl, Engle, Stein, Madame Chappel, Madame Boivin and Duges, Chew and Murphy.

In the article—"Cas Rares," in the *Dict. Des Sciences Medicales*, by Fournier, published in 1813, it is stated that there existed at that time but one case on record of absence of the uterus. Considering the pains the author had taken to collect together strange occurrences vouched for by doubtful authorities, it is singular that he should have overlooked the four cases related and referred to by Morgagni, in two of which the bodies were dissected, and in the other two the termination of the vagina in *cul de sac* and other appearances, justified him in believing the uterus was absent. It may be stated, however, that in several—perhaps half of the cases above cited—the absence was not proven by dissection, and that the uterus may have existed in a rudimentary state, as was found in a fifth case reported by Morgagni.

In the cases in which the absence of the uterus was not demonstrated by dissection, the conclusion was arrived at by the vagina being either absent or imperfect, terminating in a *cul de sac*, by an examination with a sound in the bladder and the finger in the rectum, by absence of the menses and of all symptoms of their retention.

There was, in nearly all the cases, development of the breasts, of the external organs, sexual desires, and symptoms indicating

a tendency to menstruation. These, except the last, depend entirely upon the ovaria, and disappear with their disease or removal.*

CASE.—On the 8th of November, 1856, I was consulted by Mrs. D. on account of some difficulty of the genital organs, which prevented sexual connection. Mrs. D. is twenty-three years of age; has been married one year, but separated from her husband on account of the difficulty for which she consulted me; is well formed, with the breasts and external organs of generation as much developed as is usual, and admits that she has the natural sexual desires. On attempting to pass the finger into the vagina, it was arrested immediately behind the orifice. On ocular examination, there is perceived a small *cul de sac*, the membrane on the surface of which lies in folds. On passing a sound into the bladder and the finger into the rectum, the septum between these organs was found thick. On careful and repeated attempts, however, a probe was passed from the orifice of the vagina, and between the bladder and rectum, a distance of two and a half inches, without using violence. Beyond this, and as far as the finger could reach, a small body was felt which seemed to be the uterus, of the size of that of a child of five years of age, and bent with the inflexion backward.

The orifice of the urethra bore marks of violence, which, I afterwards learned, had been produced by the forcible introduction of the finger by the patient herself; and I also ascertained that in her anxiety to restore the natural passage, she had thrust into the vagina, or its natural situation, pieces of whalebone, some of which had apparently entered the rectum, as a discharge of blood from that organ followed. I do not, however, think that the canal which the probe followed was formed in this manner, as the wound was entirely healed while this canal persisted.

This woman and her mother denied having had any knowledge or suspicion of the existence of this obstruction before marriage. She had never had any attack of inflammation of the organs. At times she had the usual symptoms attendant on menstruation,

* See Bowen and Dayes, *Maladies de Uterus*, Potts' Surgery, etc.

but not with regularity, although she had sometimes had discharges of blood from the rectum.

By repeated and careful examinations per rectum and on the surface of the abdomen, no tumor of any kind could be detected. I therefore came to the conclusion that it was a case of absence of the uterus and vagina, or one in which these organs existed in a state of very imperfect development.

The important question to the patient was the possibility of performing any operation with advantage. At first I advised against any attempt of the kind, but after consulting several eminent colleagues, and particularly Dr. John Evans, formerly professor of obstetrics in the medical college at Chicago, I was induced to attempt a dilatation of the small canal already spoken of. This was done at first with a grooved director, upon which a metallic director was passed. The patient was unable to bear the pain produced by these instruments if of considerable size, and this plan was abandoned.

Bearing in mind the favorable result of my operations for obliterated vagina, and having in this case a guide which obviated the danger of wounding the bladder or the rectum, I determined to enlarge the canal by incision. This was done, Dec. 27, 1856, with the assistance of Drs. Evans, Isham and Nutt, as follows:

The incisions were made laterally, and the tissues separated as much as possible by the finger. The small body which I took for an embryo uterus was reached. It had, however, no cavity, and the operation was finished by passing into the opening a small rod surrounded by turns of india rubber tissue until it was one inch in diameter.

The operation was not extremely severe; the patient being under the influence of chloroform suffered no pain. The hemorrhage was not great. A full dose of morphine was administered.

Considerable reaction occurred during the first week, the bladder particularly suffering from inflammation. Under appropriate treatment these symptoms subsided. The most painful part of the treatment was putting in and taking out the pessary, which was therefore done at as long intervals as possible.

At the end of about a month the patient returned home, with

the direction to wear the pessary constantly for some months, and then to commence leaving it out a few hours at a time.

At the end of fourteen months—viz.: in March, 1858—the patient returned. She had been in good health, able to do the work of the house most of the time. She had continued to wear the pessary most of the time, taking it out and replacing it herself as occasion required.

At this time she was examined by Dr. Byford. We found the artificial vagina sufficiently long to admit the index finger its whole length, and broad enough to allow of free lateral movement. The surface was soft and flexible, and did not appear to secrete pus. The body which I have taken for a uterus was not perceived by this examination, and no examination *per rectum* was made. Dr. Byford and myself were of the opinion that copulation might be perfectly effected, and that even a skillful surgeon, in making an examination at this time, would not suspect the degree of imperfection which had formerly existed.

In May, 1859, two years and four months after the operation, the patient was examined by several physicians in Wisconsin, who report her condition the same as when she was last examined by Dr. Byford and myself.

In so far as a single case may be taken as a guide, this seems to indicate the propriety of an operation when the vagina and uterus are both in a rudimentary state, a condition hitherto generally believed to be beyond the resources of art.

ARTICLE II.

STOMATITIS MATERNI.

BY DAVID PRINCE, M.D.

JACKSONVILLE, ILL., May 24th, 1859.

DR. BRAINARD:

DEAR SIR,—I have been much interested in reading the article on Nursing Sore Mouth, by Dr. T. J. W. Pray, of Dover, N. H., published in the May number of the *Chicago Medical*

Journal. Allow me to contribute a short note as mere hints or suggestions.

Dr. Pray thinks the disease to be aphthæ, and says (page 307): "We regard this disease as local in its nature."

Turning to Hooper's Medical Dictionary, which happened to be lying upon my table, I find aphthæ defined a disease which appears in small white ulcers upon the tongue, gums, and around the mouth and palate, resembling small particles of curdled milk. Turning to Watson's Practice (page 482, American edition, 1847): "Aphthæ consist in small, irregular, but usually roundish, white specks or patches, scattered over the tongue and the lining membrane of the mouth and fauces, the angles of the lips," etc. "They look like little drops of tallow or morsels of curd sprinkled over those parts; they project a little above the surrounding surfaces, and, in fact, they are mostly formed by elevated portions of the mucous epidermis, covering a small quantity of sordes or gelatinous fluid which separates epidermis from the subjacent corium." This portraiture is very distinct and true to life. Any one who has seen a sore mouth in an infant must recognize the truth of the description at once. In this region the women usually call the disease *kanker*.

Nursing sore mouth is endemic in and around Jacksonville, and I have frequently seen and treated it; but I have never seen it as aphthæ, according to the definitions of Hooper and Watson, just quoted. As it has fallen under my observation, the predominant characteristic is *ulceration*. Any occurrence of vesicles is so insignificant as not to attract attention. The general surface of the tongue and mouth is a little darker than usual, and the woman who has ever before had the disease, recognizes its approach before any ulceration can be discovered. When the disease proceeds unchecked, these ulcers assume various forms,—sound, ragged and cracked, or fissured. There is never a white crust which is made a part of the definition of aphthæ. The feeble are more often afflicted, but no condition of health seems to produce an exemption.

The treatment in this region among the physicians with whom I am acquainted, has come to be a settled and sure thing. It is very rarely the case that a nursing mother is required to wean

her child on account of this affection, unless it has become obstinate by neglect, and the general health reduced by its irritation, and the attendant inability to take nourishment.

The favorite remedy is iodide of iron. The liquor ferri iodidi of the U. S. P. is combined with an equal quantity of compound syrup of sarsaparilla, for the more agreeable taste, and of this a common-sized teaspoonful is directed to be taken three times a day. In nine cases out of ten this cures, whether before or after delivery. (The disease is an attendant of pregnancy as well as of lactation.)

The next remedy in favor is the chlorate of potash. A saturated solution is made, and it is used both as a local application and an internal remedy. A tablespoonful of the solution may be held in the mouth for a few seconds and then swallowed, or if only a local application is intended, it can be thrown out of the mouth. This may be done from three to twelve times a day.

These two remedies may be used singly or in combination.

To make the matter short, the disease does *not* correspond with the definition of aphthæ, and therefore should not be called by that name; and it cannot be a mere *local* disease, or it would not be so readily controlled by an internal remedy, as in the use of iodide of iron.

Respectfully yours,

DAVID PRINCE.

ARTICLE III.

SUCCESSFUL CASE OF RESECTION OF THE KNEE JOINT.

BY J. W. FREER, PROF. OF ANATOMY IN RUSH MEDICAL COLLEGE, ONE OF THE SURGEONS TO MERCY HOSPITAL, ETC.

CASE.—Mrs. Nichols, aged 30 years, of healthy appearance and good constitution, came under my notice in the spring of 1858, for disease of the right knee joint, which, according to the patient, was of two years' duration.

History.—The patient was not aware of ever having received an injury to the member. She related that the first indication of disease was slight pain and swelling in front and lower part

of the joint. This rapidly increased, and in the course of a year a fistulous opening was established, communicating with the articular cavity. She had always managed to go about by the aid of crutches.

Present appearance.—Joint enormously swollen, partly from pressure of fluid within the articular cavity, as well as from the œdema without. Spontaneous dislocation of the leg outward, with semiflexion and ankylosis in front and below. A depressed cicatrix, making the situation of the former fistulous opening. The skin of natural color and temperature.

Local symptoms.—Severe pain on attempting to move the joint; no tenderness with moderate pressure; subject to paroxysms of severe pain while in the quiet condition, especially at night. The general health good.

In the month of August, 1858, the patient entered Mercy Hospital for treatment, although she did not come under my care until February, 1859, having in the mean time been under treatment by Dr. N. S. Davis, the result of which was a great diminution of the fluid in the articular cavity, although the limb remained the same in regard to immobility and deformity of the joint, as well as painfulness which had not appreciably diminished.

Believing it to be a suitable case for resection, and having carefully described the operation to the patient, with its possible and probable results, her assent was readily given; and on the 10th of February, in the presence of Drs. Powell, Hunt, Andrews and others, the operation was performed in the following manner:

Operation.—The patient being placed fully under the influence of chloroform, and placed in proper position, an incision was made, in outline like a horse shoe. The lesser portion corresponding with the tibia, an inch below the lesser tuberosity, the open sides with the postero-lateral portion of the joint. The flap being dissected up, the ligamentum patello and lateral ligaments severed, the extremities of the bones were readily exposed by forcible flexion. Having removed the patella and carefully dissected away the soft parts from the bones to the required extent, excision was readily completed with the ampu-

tating-saw, section being made in the direction from before backward, the soft parts protected from the saw by inserting a strip of pasteboard. Two and a half inches of femur and one inch of the tibia were removed. Very slight hemorrhage ensued; two or three articular branches required the ligature. The wound was closed by interrupted suture, and the limb placed in a straight carved splint and foot board, with a long side splint attached firmly to the pelvis and foot.

Morbid Anatomy.—Articular cavity occupied with a small quantity of yellow cheese-like substance; synovial membrane much thickened and gelatinous in appearance; articular surfaces entirely denuded of cartilage, and presenting here and there ivory-like patches; portions were deeply excavated, as the inner condyle and glenoid surfaces of the tibia; cancellated stricture occupied with a yellow consistent substance, like strumous deposit; crucial ligaments, degenerated and scarcely recognizable; inner surface of patella denuded and carious.

The subsequent treatment was of the simplest character. No medicine was required after the first dose of morphine, at the time of the operation; no pain ensued of sufficient severity to indicate anodynes. During the three months of the patient's confinement, her appetite was uniformly good, and bodily functions regular. The wound, with the exception of two or three fistulous openings, healed by first intention. At the expiration of three months, the limb was dressed with pasteboard splints and paste bandages, and the patient permitted to go about on crutches.

Present condition.—At this time, 10th of June, about four months since the operation, we find the following condition: The discharge has entirely ceased; union has taken place, which is of sufficient firmness to maintain the immobility of the part, when the paste bandage is removed and the limb supported by the foot, or the patient directed to elevate the member without support. The shortening does not exceed two and a half inches. The limb is still sustained with the original pasteboard splints and paste bandage; a longitudinal division having been made in order to allow of its removal at any time, for the purpose of cleanliness or other convenience. Such being the present con-

dition, we feel warranted in predicting a highly useful member in the future.

When the case has fully matured, we propose to give the final result.

EXTRACTS.

ON THE PHYSIOLOGICAL POSITION OF FIBRIN.

BY LEVIN S. JOYNES, M.D., PROFESSOR OF INSTITUTES OF MEDICINE IN THE MEDICAL COLLEGE OF VIRGINIA.

[From the *Virginia Medical Journal*.]

We can hardly do justice to this very able article in the brief extracts our space permits us to make from it, and yet it contains too much of interest to allow us to pass it by unnoticed.

Prof. Joynes gives a very just statement of the theory held by some late physiologists, viz: "that fibrin, so far from being a peculiarly organizable or plastic material, and the immediate pabulum of the most highly vitalized tissues, is, in reality, an *excrementitious compound*, not at all available for nutrition, and to be reckoned among those elements which have arisen in the blood from its own decay, or have reverted to it from the waste of the tissues, and are in process of elimination from the system."

Prof. Joynes adheres to the older theory, until recently held by all physiologists, which considers fibrin to be a most important element for the nutrition, formation and repair of the tissues; and sustains his opinion by the following arguments:

1st. "Fibrin is a constituent of the chyle. Evident indications of it are found in the fluid drawn from lacteals of an animal in full digestion, at their very issue from the intestine; but its quantity progressively increases by the transformation of albumen, as the chyle moves along the vessels towards the thoracic duct, and through it into the venous system; and a further increase takes place as the blood passes from the venous to the arterial side of the circulation. We may affirm, therefore, that the *proportion of fibrin increases as the products of digestion approach the points where materials are needed for the nutrition of tissue*; and we may ask if fibrin be an excrementitious product, why should it appear in the chyle directly after its absorption? We cannot account for its presence here by the waste of tissue, nor can we reasonably suppose the occurrence

of a "retrograde metamorphosis" a destructive change in the products of digestion as soon as they are absorbed.

2nd. "Fibrin is normally found only in the *nutritive fluids* of the economy—the blood, chyle and lymph. It is not a constituent of any *excretion*, as are all those constituents of the blood which are admitted to be excrementitious,—such as carbonic acid, urea, uric acid, creatine, etc.

3d. "Fibrin is nature's agent for the *arrest of hemorrhage*. When vessels are divided, the coagulation of the blood is the means by which their occlusion is mainly effected, and the flow permanently arrested. If the blood contained no fibrin, and were therefore not coagulable, hemorrhage, even from the lightest wound, could never be arrested by the efforts of nature. But for the same protective property every separation of a gangrenous part would be attended with bleeding. Effusion of fibrin is also the means by which suppuration is circumscribed, and prevented from assuming that diffuse character which is sometimes so destructive. In these several particulars, fibrin performs offices which are singularly *conservative*. Can we say as much for any of these products of wear and tear which constitute the true offal of the system? It has been aptly remarked that the organism *bears an increase of fibrin better than a diminution*. Witness the comparative gravity of sthenic inflammation and the severer grades of typhoid fever. Not so with any organic compound of the excrementitious class. The accumulation of these in the blood is the signal of urgent peril.

4th. "Is it mere fancy that sees in the *spontaneous coagulation* of fibrin, and the definite position which its particles usually assume in solidifying, the indication of a special tendency to organization? And is it unwarrantable to argue therefrom the possession of a certain degree of *vitality*? All attempts to ascribe this coagulation to the operation of mere chemical or physical influences have failed. It is a change which fibrin always undergoes of its own accord, when not kept *moving in contact* with living parts, whatever be the external condition in other respects. Whenever, in the course of the circulation, the plasma of the blood is effused from the capillaries in the midst of the tissues for their nutrition, the fibrin being now *at rest*, is free to pass into the solid state, and enter into combination with the tissue or tissues of which it is the appropriate food. We have no just ground for affirming that fibrin is the only immediate tissue-forming ingredient of the blood; that albumen, for example, which abounds there, must pass through the form of fibrin before combining with any living structure. The probabilities are all against such an exclusive view. But that fibrin

is a *specialty and eminently organizable or histogenetic* material, this, I am convinced, is a truth which cannot be successfully controverted."

The whole article will abundantly repay perusal.

AMERICAN MEDICAL ASSOCIATION.

The American Medical Association met in Louisville, Kentucky, on the third of May, but we find the proceedings so utterly devoid of interest, that we think it would be a waste of our space to occupy it by their full publication.

The truth is now palpable—and it is one which we long since announced—that the Association will soon lose all hold upon the interest, respect and confidence of the mass of the profession, unless the question of medical education is entirely excluded from it. It is a question with which the Association has nothing to do, and over which it cannot possibly exercise any control. Besides, the mass of the profession have really never had anything to do with the *agitation* upon this subject; and so far as the South is concerned as a body, feel no special interest in it. We propose to pass in review at some future period, this whole subject, and present, in bold relief, the demagogues and tricksters, whose selfishness and underground intrigues would better become corrupt politicians, than the professed devotees of a noble science, directed to the highest conceivable earthly objects. The wisest proposition, in our judgment, ever submitted to the American Medical Association, and the one fraught with the most good to the permanent prosperity and continued usefulness of that body, was presented at the meeting in Nashville, viz: To ignore the whole subject of Medical Education, so far at least as any attempt at the exercise of a controlling power, either directly or indirectly, was concerned.

At this same meeting, however, was inaugurated the *present* movement upon this subject; the offspring of envy, jealousy and contemptible personal motives, which is completely absorbing, and displacing what should be the great objects of the Association, the advancement of science and the promotion of harmony in the profession.

We publish below a most sensible and appropriate article from a Louisville paper, in reference to the Association and its objects, past and prospective. The article was evidently written by a medical man, and one who had closely observed the present aspect of medical affairs, as connected with the Association, and its relations to other medical bodies and the profession generally.

NATIONAL MEDICAL ASSOCIATION.—The assembling of delegates from nearly all the organized medical societies and medical colleges in the United States is an occasion of interest not only to physicians but to the public.

Every reflecting mind is naturally led to ask what are the objects of a gathering, involving so much time, trouble and expense to those directly interested; and every intelligent physician is likely to inquire how far these meetings have been beneficial in their influence upon the profession. The present is the twelfth meeting of this association, and its value as a means of improvement ought therefore at the present time to be well understood.

The objects for which it was organized were the formation of a code of medical ethics, fixing a higher and uniform standard of medical education in the various medical schools, the promotion of medical science, and the interests of the profession in general. In regard to the first of these objects, it may be truly said that the action of the Association has been eminently successful. The code promulgated cannot fail to be of service. It embodies, in concise and simple terms, those cardinal rules of conduct which the medical fraternity of every country have uniformly acknowledged as just and wise. Thus far the task was easy.

With reference to the second of these points, the same assertion cannot by any means be maintained. While it is undeniable that the lapse of twelve years has witnessed some improvements in the methods of teaching, it must still be admitted that the requirements for graduation remain essentially the same as they were before. Public opinion may be somewhat more enlightened. Medical schools and medical journals are more numerous, but these changes, whether improvements or not, are hardly traceable to the action of the National Association.

When the cause of failure in a point so important is sought, it may be found in part in the fact that the Association is not clothed with any legal power over the subject. Reports, speeches and resolutions without number have been made, but they have not received the force of law, many of them not even the sanction of public opinion. It may also in part be attributed to the fact that the objects sought were to some extent undesirable or unattainable. Uniformity could scarcely be desired or expected when the circumstances were entirely different.—One school might have six professors and another eight; one might lecture sixteen weeks, another five months, yet both be eminently useful in their respective spheres, and each adapted to the means and wants of different classes of students. On this point it may not

be deemed amiss to suggest that, since the Association is not clothed with any legal authority; since discussion of the subject has awakened jealousies between different schools, as well as between the schools as a class, and the medical societies; since much time is consumed which is valuable for other purposes; since the colleges are jealous and justly so of their chartered rights,—little good can be expected from too urgent demands for action when action is of no avail.

In regard to promotion of medical improvement, a more favorable view of the past and more hopeful view of the future may be indulged. In promoting friendly and scientific intercourse among its members, by encouraging the production of essays by the offer of prizes and otherwise, the Association has done much good; and if it be alleged that much unworthy of its national character has been published under its sanction, that incompetent individuals may sometimes have been clothed with its influence as chairman of its committees, these, it will be admitted, are minor and transient evils, which by no means counterbalance the benefits it has conferred.

But the question may now be fairly put whether the experience of twelve years has not suggested improvements in the method of conducting its business calculated to increase its efficiency and to obviate the evils complained of. It would be strange if it were not so.

A citizen of Louisville who may be led by curiosity to attend its sessions to-day as a spectator, will be surprised (unless this should be different from former meetings) to find that these gentlemen brought together from distant States for mutual improvement, scarcely discuss the subjects which relate to the cure of diseases or discoveries of science. On the contrary, they sit quietly by, while a few of their number debate systems of education as if they were members of a legislative body, and propose amendments to the constitution, and discuss them with as much gravity, as if it were the Constitution of the United States.

He will be still more surprised to learn that scientific reports, prize essays, etc., the contents of which may concern the members personally, are for the most part not read except by title, but are passed to the committee on publication and that the members separate in ignorance to a great degree of what is to be printed with their sanction (in a manner), and in total ignorance of the views of their colleagues on important and undecided points of medical and surgical practice.

The course of this Association is in this respect different from that of almost every similar body. The American Association

for the Advancement of Science is divided into sections, to each of which appropriate subjects are assigned. These are discussed, papers read and reports amended. The advantages of this plan are obvious, it seems indeed so necessary that to propose is to commend it to attention and favor: For the purpose of this Association it is probable that the following arrangement would be as convenient as any. Let it be divided into sections:

1. Anatomy, Surgery and Physiology.
2. Practice of Medicine and Obstetrics.
3. Chemistry, Botany and Materia Medica.

Let each meet separately, read, hear, and discuss reports, essays and papers on the various branches assigned to it. A committee for each section might, after the present meeting, arrange the order of business.

Whether or not these suggestions be carried out, it is greatly to be hoped that a body composed as this is of the great and choice spirits of a learned and humane profession, a body claiming to be national in its character, acting under the eye of an enlightened public, will not forget for a moment the claims of humanity. The science is imperfect and progressive, and it ought to be expected of each member of this great council not only that he will return home better fitted than before to relieve some suffering friend, but also that he should have communicated in exchange some valuable knowledge to his colleagues. If, instead of this, men so eminent are found wasting their time in unimportant discussion, what can be thought but that rivalries, personal objects and unworthy ambition have usurped the place of humanity and the love of science. To make discoveries, to diffuse knowledge, to apply science to the cure of disease, are truly worthy and dignified objects. If true to those, the American Medical Association is assured of that honor to which it aspires, and that sympathy which is a guarantee of success.—*Atlanta Medical and Surgical Journal.*

SCARLET FEVER.

FROM AN ESSAY, BY HENRY A. CARRINGTON, M. D., HYDE PARK,
DUTCHESS COUNTY, N. Y.

SECTION IX.—TREATMENT.

1. *Prophylactic.*—Several remedies have been praised as efficacious in preventing or modifying scarlet fever; the principal one, however, and the only one to which it is necessary, at

present, to draw attention, is belladonna. To Hahnemann belongs whatever of credit, or discredit, the proposition for its use may merit. Fancying he had discovered certain effects from the use of the drug, not unlike the certain symptoms of scarlet fever, and ascertaining, as he supposed, that it did cure the disease, and in other cases *prevent* it, he proclaimed to the world another triumph of the great principle, "*similia similibus curantur*;" asserting that he was able, not only to cure scarlet fever, but to prevent it, and thus to banish it from our systems of nosology, except it should remain as an extinct disease. From that day to this, the remedy has met with very varying fortunes, being lauded on the one part as an infallible preventive, and on the other condemned as utterly worthless. We propose to consider the matter as candidly as possible, uninfluenced by any prejudice against the dogma to which it owes its origin.

The proof on which its partisans must rely is, of necessity, of a very uncertain nature, being entirely negative. That, however, it has no just claims to any such position of universal and infallible efficacy as was claimed for it by Hahnemann is, we believe, established beyond a peradventure. But the respectable character of those who have put forward its claims entitle it a calm and dispassionate investigation; for, notwithstanding its suspicious parentage, it should only be discarded when fairly proved wanting. Here we may say, in passing, that, as in proper doses it can be productive of no harm, those who are not satisfied may safely test the matter for themselves. My own experience in the matter has been limited to a few cases; but in all the instances tried, it failed to exert any protective power, for the children, in every case, took the scarlet fever; nor could I perceive any amelioration in course of the disease.

Some authors have brought forward large statistics to prove its power; and apparently proof enough has been given to set this point at rest, but quite as many authors have brought quite as large an array of figures to prove the opposite; and on this subject we must agree with Dr. Periera, that twenty cases of failure are more conclusive against the opinion, than one thousand of non-concurrence are in favor of it. In this view, the experiments of Dr. Balfour (West. Dis. Chil.) are conclusive against its preservative virtues. He states, "that at the Royal Military Asylum at Chelsea, scarlet fever having broken out, he determined to try the virtues of belladonna. There were 151 boys of whom I had tolerably satisfactory evidence that they had not had scarlatina. I divided them into two sections, taking them alternately from the list, to prevent the imputation of selection. To the first section (76) I gave belladonna; to the second

section (75) I gave none. The result was that two in each section were attacked by the disease. The numbers were too small to justify deductions as to the prophylactic power of belladonna; but the observation is good, because it shows how apt we are to be misled by imperfect observation. Had I given the remedy to all the boys, I should probably have attributed to it the cessation of the epidemic." Very few, if any, of those who advocate the claims of the article, have proceeded in the cautious manner of Dr. Balfour, else we are confident we should have heard less of the value of a remedy whose real worth is so purely fictitious. The eccentric or capricious character of scarlet fever is not sufficiently borne in mind; for it is well known that it may, and frequently does, attack only one member of a large family of children; which exemption we refer to the capriciousness of the disease: unless, having a prejudice in favor of belladonna, we have given that, and then we are easily led to reason *post hoc*, etc.

If belladonna had any such power as is claimed for it, any just claim to a position analogous to vaccination, scarlet fever, like small pox, ought by this time to have been very much reduced, both in its frequency and mortality. That no such result has occurred need not here be demonstrated. It may be urged that it has not met with the same general acceptance; but we believe that there are very few physicians who have not at some time made use of the remedy, and who have discarded it on account of its inutility.

That it produces no efflorescence at all corresponding to the scarlatina I am well satisfied, after a sufficient experience. If it ever produces such an effect it must be owing to some idiosyncrasy of the subject.

Those who wish to see a full and exhaustive discussion of this subject are referred to an article in the *Brit. and For. Med. Chir. Rev.* for January, 1855.

2. *Hygienic*.—It is important that attention be given to the hygienic conditions in which the patient is placed. The sick room ought, if possible, to be large, and at all events well ventilated. The temperature ought to be kept at a mild and uniform rate. It may be somewhat increased during the latter stages. During the fever, the diet ought to be simple gruel; indeed there is very apt to be a loathing of all solid food, so that only fluids can be given.

As regards the treatment to be pursued subsequent to desquamation, it is safest to confine the patient to the house for at least two weeks after desquamation has taken place. The diet should be mild and nutritious, attention being paid to the function

of the bowels and skin; the former being assisted by gentle cathartics, if needed; the latter by warm baths.

3. *Treatment of the eruptive stage.*—In all mild, normal cases, in which the rash comes well out, the fever is not high, and there is no disturbance of the nervous system, the treatment is reduced to its minimum. It is in such cases that it behooves the physician to remember the natural termination we have already alluded to, and to be careful that he does not stand between the patient and his just expectation of recovery. Many special modes of treatment have been vaunted from time to time; at one time it may be emetics, at another bleeding, at another purging, at another the use of some article of the *materia medica*; but whatever it may be, the fashion thereof soon passeth away. Scarlatina is indeed the result of a specific poison, and a specific remedy *may* be found as certain in its operation as *vaccina* in *variola*; it has yet, however, to be discovered, the pretensions of *belladonna* to the contrary notwithstanding.

In the commencement of the mild cases, a gentle laxative may be administered without harm; but it is not always necessary, nor to be given as a matter of course.

The warm bath is the best means of allaying the heat and dryness of the skin; some suppose that effusion has advantages over the bath; either, however, are efficacious in allaying the febrile movement if it be in excess.

The patient, on removal from the bath, should be wrapped in a blanket and kept warm till in a free perspiration. The bath can be repeated three or four times a day if deemed necessary. The pulse may be safely and effectually controlled by the use of tincture of *veratrum virides*, in doses of from one to three drops every two or three hours. The special power which the *veratrum* possesses over the pulse renders its use particularly indicated in this disease; we believe it much better adapted to the treatment of scarlet fever than antimony. It may be administered in combination with diuretics or diaphoretics, or both, so that while soothing the high arterial excitement, the kidneys and the skin may be stimulated to perform their functions.

It sometimes happens that even the milder class of simple or uncomplicated cases present febrile symptoms of great severity. For such cases bleeding has been a sovereign remedy with a great majority of the profession, and is yet with many; but the general and increasing prejudice against bleeding in general has caused many to doubt its efficacy in this disease, and, we believe, with justice. The term *inflammatory*, as applied to this stage of the complaint, has, we are confident, misled many who have

thought no farther than the name. The character of the inflammatory action and products ought to convince those who will reflect, that we have a very different type of inflammation from that of peritonitis, or pneumonia, or indeed any of the acute inflammations.

But besides this we have other less dangerous and quite as efficient means of effecting the desired object. Of these, the "wet sheet" or "packing" is one of the most certain and prompt means of arresting the fever, producing free perspiration, and allaying the nervous excitement. The patient being placed in the sheet and warmly covered, is to remain until reaction comes on, when perspiration becoming profuse, he will almost invariably fall into a quiet sleep, and awake much refreshed, with the symptoms every way mitigated. Should the fever return again, the same means may be again resorted to, not forgetting that the free perspiration is a depleting remedy of a powerful nature, and needs to be watched.

Should there be delirium, cold applications to head, sinapisms to the back of the neck and feet, and sometimes leeches to the temples, should be employed. As this delirium is for the most part sympathetic, it will subside without the use of more active measures.

The angina that occurs in cases of simple or normal scarlet fever, requires for the most part no special treatment. It is proper, however, and important that the physician should carefully examine the condition of the fauces at every visit, that he may detect any commencing inflammation of a severe type, as indicated by deep redness and swelling of the mucous membrane, or patches of whitish exudation. To treat this, a weak solution of nitrate of silver,—10 or 15 grains to the ounce of water,—applied three or four times a day; or a solution of sulphate of copper and quinine, 10 grains each to an ounce of rose water, recommended by Drs. Meigs, sen., and J. F. Meigs, and applied as the nitrate of silver, will ordinarily be sufficient. Tincture or infusion of capsicum is highly recommended by many. It does certainly produce very beneficial effects, applied by means of a sponge once or twice a day.

Chlorate of potash, one drachm, dissolved in a quart of water, may be given very freely as a drink. Whether it has any specific action or not, we may be certain it can do no harm.

The mild cases of scarlatina certainly require no more active treatment than that just sketched; many, if not most will as certainly do well without even that. Whatever treatment we may pursue, we must be careful to watch our cases, in order to meet any unfavorable symptoms, as they arise, for while we

deprecate any unnecessary medication, we insist upon *promptness* and *decision* in any complications that may arise.

We pass next to the treatment of the more malignant forms.

Bleeding.—We are fully convinced that this remedy, if but of small or doubtful value in the treatment of the mild cases, is in this class to be laid aside entirely; at least in any other than a merely topical application, by means of leeches or cupping. We are to remember the caution given in the preceding pages, that it is not any ordinary inflammation we are dealing with; on the contrary, the tendency of scarlatina of this grade, is to the typhoid type—a type of disease, it surely needs no argument to prove, but poorly adapted to bear depletion. The symptoms—delirium, rapid pulse, convulsions, jactitation, muscular twitchings, all indicate the nervous system to be chiefly implicated. Death occurring in this stage, rarely or never shows inflammation of any organ, often not even congestion. *A priori* reasoning would teach us to discard the use of all debilitating measures, and bleeding especially. It is not necessary, however, to resort to such arguments, for we confidently appeal to experience for the confirmation of our teaching. It will be found that the great majority of modern authors agree on this point, regarding blood-letting in any but a very modified form, as being useless, if not positively hurtful. That this is the result of fashion merely, we are not prepared to believe, especially in view of our own experience. Those who still recommend bleeding, urge the necessity of using it in the early stage, and then only with caution. But is it not better to lay aside a remedy of such doubtful virtues, at best; which confessedly, unless used with great caution, is liable to do harm rather than good?

As regards leeching and cupping, inasmuch as the quantity of blood abstracted is generally small, and designed to relieve some local congestion, they may at times be useful. But even here the benefit expected is often not found to result. Besides, the leech bites, sometimes prove very troublesome, being centres of erysipelatous inflammations. In short, we believe that in the great majority of cases the patient *is as well*, if not better, without the use of bleeding in any form, whether topical or general.

Purgatives.—All active or violent cathartics we should put under the same condemnation as bleeding, and for the same reason besides this additional argument exists against them, that they must increase the irritation of the bowels, to which we have seen them, is already too strong a tendency.

Active cartharsis seems to be even a less rational remedy than bleeding. Purgation cannot eliminate the poison, but

it can and will inevitably exhaust the patient, and aggravate some of the worst tendencies of the disease. Indeed, none but the mildest forms of purgatives or laxatives ought to be employed.

Emetics.—It may be, as claimed by a large and respectable body of medical men, that emetics in the outset of the attack are beneficial. The disease, however, not unfrequently *takes this matter into its own hands*; for vomiting is, as we have seen, not an unfrequent symptom. A mild emetic, however, in the earliest stage of the complaint is not open to any serious objection; but that it has any such sovereign efficacy as has been claimed for it by some practitioners we do not credit, indeed we know to the contrary. While, therefore, emesis may properly be employed in some cases, and is not likely to be hurtful when used with proper caution, it cannot be relied on, to mitigate the symptoms to any considerable extent. It happens sometimes that large collections of tough, viscid mucus, gather in the throat in young children, who are incapable of removing such matters; in this case a mild emetic of ipecacuanha will be beneficial.

Chlorate of Potash.—Within a few years this remedy has come largely into use; and in these cases in which there is a tendency to ulceration of the throat or mouth is a very valuable remedy. Whether it has any specific value, is not yet, we think, ascertained. Dr. Watson recommends a solution of the strength of one drachm to one pint of water, to be given daily, to the extent of one pint or pint and a half; and says, under the use of this solution I have remarked in many instances a speedy improvement of the tongue, which from being furred or brown and dry, has become clean and moist.

Solution of Chloride of Soda has not had so general a use, perhaps, as the above; but we believe it to be nearly or quite, equal to it in value. Some physicians who have relied on it, claim quite as satisfactory results as by any other mode of treatment.

Chlorine.—Dr. Watson speaks very highly of this article; stating that from several distinct and highly respectable sources, chlorine itself had been urged on his attention, as a most valuable remedy in the severest forms of scarlet fever; his informants stating that whereas they formerly dreaded to be summoned to cases of that disease, they now, having had experience of the virtues of chlorine, felt no misgivings in undertaking the treatment. The formula he gives, is as follows: Put eight grains of the chlorate of potash into a pint bottle, and pour on them one drachm of strong hydrochloric acid; close the bottle

until the violent action has ceased, then add one ounce of water and shake the mixture; and so on, until the bottle is full. The chlorate to be pulverized, and in cold weather, the bottle warmed. To be kept in the dark. A table-spoonful or two, according to the age of the patient, was to be given frequently; an adult may take the whole in a day.

Upon the question whether chlorine and its preparations have any specific action in curing scarlet fever, there is not, we conceive, sufficient evidence accumulated to enable us to decide. But this much is certain; there is enough to render them worthy a trial. We shall not stop to discuss the *modus operandi* by which they may be supposed to effect a curative influence; but only to urge the profession to give to these preparations an ample trial before condemning them.

Tonics and Stimulants.—We have described certain cases of scarlet fever as being marked from the onset of the attack by symptoms of great nervous prostration, sometimes amounting to collapse. The remedies called for here, are obviously those capable of sustaining the system while suffering under the depressing effect of the poison, and of aiding it in recovering from the injury received; and such remedies are stimulants and tonics.

Of the first class, carbonate of ammonia has been most extensively and, we may add, most extravagantly praised. It is undoubtedly a valuable remedy, and should be freely given from the first appearance of the adynamic symptoms. With it we must give other medicines and stimulants, as wine, brandy, quinine, serpentarian, and capsicum, administered in proportion to the severity of the symptoms. Beef tea should be given freely, to sustain the strength as much as possible, until the crisis has passed.

Bathing.—The use of the warm bath in this form of disease, is of even more value than in the milder cases. It quiets the restlessness and agitation, allays delirium, often removes coma and convulsions, and efficiently reduces the heat of the skin. It is true these good effects are often temporary, and sometimes wanting; but in cases at all amenable to treatment, the application of water, whether cool or warm, whether by affusion, sponging or immersion, cannot fail to give great relief. These methods are to be used according to the symptoms, so that no certain directions can be given. Sponging can always be employed, often when bathing is impossible, and may be repeated as often as the heat of the skin returns. The bath may be continued from fifteen minutes to half an hour, and repeated five or six times a day.

Treatment of the Complication.

1. *Angina.* The inflammation of the fauces and adjoining parts, as presenting some of the most formidable results of the disease, demand especial attention.

Leeches may sometimes be applied with benefit, but in the majority of cases the patient will probably do as well without them; besides the leech bites sometimes inflame and ulcerate, adding mischief to what is already bad enough.

Cold applications to the throat externally, in the form either of ice or clothes dipped in ice water, and wrapped around the neck, are found to be of great service sometimes. Dr. Corson strongly recommends that ice be taken in the mouth and allowed to dissolve slowly, a method also commended by Dr. Meigs.

Cauterization has been employed with the intention of arresting the inflammation, but the evidence in its favor is at best but doubtful, while by some physicians it is considered as positively hurtful.

Among the most valuable topical applications I believe we must rank cayenne pepper. The powder may be mixed in water and applied to the fauces by means of a small brush. The solution of chloride of soda, diluted with ten parts of water, and used as a gargle, will yield beneficial results.

The collections of viscid mucous in the throat are very annoying, and may prove fatal by stopping respiration. This should be diligently removed, which may be done by a sponge fastened on a stick. It will require to be done every few hours as long as the secretion continues, with the inability to remove it. Astringent washes of alum, or acetate of lead, will aid in removing the mucous and preventing its formation.

The external swellings may be relieved by warm poultices or fomentations. I have seen the application of the tincture of iodine very useful in allaying the inflammation; may be applied two or three times a day.

It happens in some rare cases that croup is developed by the extension of the inflammation to the larynx, and the formation of false membrane. The treatment of such cases cannot be actively antiphlogistic, for the patient will be already too much debilitated by the course of the disease. A solution of nitrate of silver, twenty grains to the ounce, applied by means of a probang and sponge, and even tracheotomy are modes of treatment promising the best results.

Coryza and Otorrhœa.—Coryza will be best relieved by cleansing the nasal passage by a weak solution of alum, or sage tea

and alum, or by the injection of a mild solution of nitrate of silver. The washes may be applied by means of a small camel's hair brush or sponge.

The otorrhæa seldom occurs during the violence of the attack, and will not ordinarily require anything more than cleansing the ears two or three times a day, by means of warm water, or warm water and castile soap.

The retrocession of the efflorescence, which sometimes happens, should be treated by means of warm baths, friction with stimulating liniments, and blisters, if necessary. Wilson says that an eruption evincing a disposition to metastasis, may frequently be fixed by means of a blister.

When we have evidence of the congestion of internal organs, as the *lungs* or *kidneys*, dry cupping, leeches and blisters, or sinapisms, will greatly suffice to relieve the affected organ.

We have reserved to the present a few remarks upon one or two specialities in the treatment of scarlet fever.

1st. *Cold affusion*.—This mode of treatment was first or mainly brought to the attention of medical men by Dr. Corrie; it has since met with some sanguine supporters, but with the profession at large it has had little acceptance; and it is evident that the conclusions of Dr. Geo. Gregory, are those adopted by the great majority of those who have given it a trial. He says: "Sanctioned by my uncle, the late Dr. Gregory of Edinburgh, this plan has been amply tried in all parts of the world, but it has not realized the expectations of its proposer. The truth is, that the cold affusion is applicable only to a small number of cases. It is adapted for young people with high anginose inflammation and burning hot skin, without plethora, without depression of nervous energy; but it is applicable to the scarlatina of adults, accompanied with coma, phrenitis, or marked debility. It is wholly unfit for cases of cynache maligna. It answers its purpose very well for the first day or two, but it is impossible to continue its use. Lastly, it seems to increase the disposition to dropsy."

We believe that we have in the preceding pages sufficiently indicated the cases requiring, and the best mode of applying water. It is undoubtedly a valuable adjuvant in our treatment of scarlatina, but it does not merit the exalted eulogiums passed upon it. It would certainly be the height of folly and recklessness to employ it in every case. Indeed, Dr. Currie himself relates two cases of malignant scarlatina so treated with a fatal result. In all cases demanding or justifying the use of water, the *warm bath*, *cool or tepid sponging*, and the *wet sheet*, will be found amply sufficient to meet every indication.

2d. *Inunction*.—Dr. Schneemann, of Hanover, first brought to notice the very simple mode of treating scarlatina by inunction with lard. From the first day of the illness, the patient is to be rubbed every morning and evening over the whole body with a piece of bacon, in such a manner that a covering is everywhere applied. The rubbing should be *thoroughly* done, slowly, in order that the skin may be saturated; should be applied twice a day for three weeks, and once a day for the fourth. After that, the patient may be washed with cool water and soap, and not until the skin has become accustomed to the cool solution, should the bath be commenced. The advantages claimed by Dr. S., are shortening of the disease to such an extent that the patient may leave the house at the end of ten days; the checking of all infection by the end of the third or fourth day; the relief of all uneasy and painful feelings in the skin, particularly those that accompany desquamation; the diminution of the amount of desquamation; the prevention of taking cold; and a greater security against complications and sequelæ. The treatment, he observes, is not likely to find much favor with the fastidious, on account of being dirty, but the first few days of its application produce results which make all this to be forgotten, and inspire mothers with enthusiasm. All, even the most painful symptoms, are allayed with rapidity, as if by magic; quiet, sleep, appetite and good humor return, and there remains only impatience to escape the sick room.

Dr. Maushner, of Vienna, gives his testimony in favor of this mode of treatment. Dr. Wilson (*Dis. Skin*, p. 425), is disposed to think very favorably of it; and Dr. J. F. Meigs speaks of a modification—the use of glycerine—with approbation.

In a few cases in which I have tried this mode as an adjuvant to the ordinary treatment, it did certainly fulfill some of the claims of Dr. Schneemann. But like most other specific modes of treatment, the result is not apt to be so favorable in the hands of others as in that of the inventor or proposer.

The formula given by Dr. Meigs may be employed, probably with quite as beneficial effects as the use of the bacon, and certainly it is far more agreeable and less repulsive. It is as follows:

R. Glycerine—one drachm.

Ungt. aq. Rosæ—one ounce, m.

It will remove the heat and dryness of the skin, the burning and irritation that are so very uncomfortable; and if it did not

more, this would be ample reason for employing it. It need not interfere with other appropriate treatment.

3d. *Diluted acetic acid*, proposed by Dr. J. B. Brown, of London. Dr. Brown, besides a course of local and general treatment, well calculated to give relief to the symptoms, adds to that the use of diluted acetic acid: R. Distilled vinegar, diluted, one oz., (one part vinegar to seven of water,) syrup f. four drachms, distilled water f. four ounces, m. Two table spoonsful every four hours for a child nine years of age. To be given throughout the entire duration of the disease, of whatever type, and for one or two weeks afterwards, or until desquamation is over.

Dr. Schnect, (*Am. Med. Jour.*, July '57,) has borne very strong testimony to the virtues of this mode of treatment, but I think an examination of his cases will convince any one that his general and local treatment would prevent one from forming an opinion of the efficacy of the acetic acid. The diluted vinegar would form a pleasant drink, and thus recommend itself, even if no specific virtues should be found to belong to the acid.

4th. *Belladonna*.—We have shown already that no virtues appertain to this doing as a prophylactic, and as a specific mode of treatment for the developed disease, we can entertain no more confidence in it; and the great mass of testimony from physicians is concurrent to this effect.

But we hasten to the consideration of the treatment of that most frequent and important sequelæ.

Dropsy.—As in many other cases so in the present, an "ounce of prevention is worth a pound of cure." It is of the highest importance, after the acute attack of scarlet fever is past, to protect the patient from all exposures to cold and damp atmospheres. Confinement to rooms of an equable temperature of 68° or 70°, for three weeks, at least, ought to be enforced. Flannel should be worn next to the skin, on which friction with a course towel should be made daily, with the use also of warm baths. The bowels should be kept in a regular and healthy condition. The diet should be farinaceous, with milk, eggs, and occasionally light broths. When these conditions are strictly enforced, the patient is kept in the most favorable condition to avoid the dropsy.

Occasionally dropsy comes on in a very mild form, requiring but gentle treatment; as the warm bath; purgatives, either calomel, or jalap and cream of tartar, in combination; a justly favorite prescription, spirits nitre, digitalis and squills, or tincture of sesqui-chloride of iron.

For another form, attended with febrile symptoms, scanty urine or hæmaturia, a more decided course is required. Most authorities agree in recommending the employment of bleeding as a first and most important measure. We are as much disinclined to the use of the remedy in the sequelæ as in the primary disease, believing that the cases requiring it are very few, and that depletion, when practiced, need be only local, or at least chiefly so.

Where the kidneys are congested, leeching or cupping over the loins to the amount of from two to six ounces, according to the age of the patient, and repeated, if necessary, will be found to relieve the local difficulty as effectually as if larger quantities of blood were taken from the arm, besides we do not, to any extent, weaken the powers of a system already impaired by previous disease.

The next point is to restore the function of the skin; the warm bath, containing common soda, succeeded by friction, should be frequently employed; the exhibition of some of the preparations of antimony along with the warm bath, will materially assist the determination of the skin. The wet sheet is a powerful means of exciting the most profuse diaphoresis; it is a remedy regarded with suspicion by the majority of medical men, but I believe it to be as safe as any other powerful remedy, if used with discretion, and what remedy is safe if used recklessly?

Purgatives, especially hydragogue, are a most efficient means of reducing the effusion. Full doses of the compound jalap powder is one of our most valuable combinations; it should be given every morning; calomel must not be neglected, but can be given in small doses during the day.

When hæmaturia is present, the tincture of sesqui-chloride of iron is strongly indicated, for while producing astringent effects on the capillaries of the kidneys, it assists materially in restoring the blood to its normal state, the blood being always more or less anæmic. The use of the tannic and gallic acids has been recommended by some authors, but we are confident that the tincture of iron will be found capable of producing all the good effects to be expected from them, besides being recommended by its peculiar effects on the blood.

Diuretics, apparently very much needed, must be used with caution, lest we increase the already congested state of the kidneys. Saline diuretics are prohibited during the continuance of the hæmaturia; otherwise they are useful. The preparations of potash, with squills, nitre, or broom, are valuable diuretics.

When the brain is implicated by uræmic poisoning, depletion, general or local, active catharsis, the warm baths and counter irritation, with diuretics, are to be used.

Effusion into the pericardium is sometimes excessive, producing the most distressing symptoms. To meet this it has been mooted whether we ought not to employ the trochar and draw off the fluid. I am not aware that this suggestion has actually been put in practice. The employment of the hydragogue cathartics, as jalap, elaterium, etc., will ordinarily give relief to patients laboring under effusion into the chest, as well as into the cellular tissue and abdomen.

The other sequelæ, as chronic diarrhœa, abscesses, sloughing, erysipelas, require no different treatment from that bestowed upon them as idiopathic or primary affections.

MEDICAL EDUCATION.

We regard as very just and well-timed the following observations of Prof. Joseph P. Logan, which we find in his recent excellent address, at the Atlanta Medical College :

"It has even become a favorite object with some who claim a place in our ranks, to degrade the American medical profession, in the estimation of the world, and to decry what is called in derision the 'American System of Medical Education.' Now, gentlemen, I am not here upon this occasion as the special champion of the institution which you have honored with your presence, or of any other medical college. Nor am I here to defend and endorse *as perfect*, the plan of educating medical men in the United States, but I am free to confess that I am heartily sick of, and prepared to denounce, as false, the stereotyped cry of the inferiority of the medical profession as compared with that of Europe. It is high time, in my judgment, that the supercilious and superficial traducers of American medicine, in or out of the profession, should be met by the facts. I would not wish to discourage any effort upon your part to master all the truths connected with our science, but rather to encourage you to the most indefatigable efforts to fit yourselves for the faithful discharge of the solemn obligations resting upon all those who assume the responsible position of physician. But I consider myself fully authorized in asserting that the regular medical men of the United States are offering an amount of science and skill far exceeding their appreciation upon the part

of the public, and furnishing a standard of qualification far higher than the people deserve, and fully equal to the demand—the highest order of science and skill in every department of our comprehensive profession, being readily and conveniently commanded by every community that has any proper conception of the remuneration that should be awarded to the self-sacrifice and toil, which you may be assured, is ever inseparably connected with eminence in medicine.”

“Indeed, we learn from a late reviewer of medical education in Great Britain (which may be taken as a fair representative of Europe), as exhibited in an elaborate article in the *Westminster Review*, that there is great injustice in supposing that the American medical profession can be benefitted by any usage or example supplied by the profession in Great Britain; but, on the contrary, it is shown that there is no advantage in the comparison to the European medical man, in either mind or attainments.”

“I cannot, therefore, consider it inappropriate to the subject or the occasion, to declare, upon the highest authority, the testimony being based upon a practical familiarity with Europe—and after a somewhat laborious investigation of this question, that the American pupils in attendance upon foreign schools of medicine, are in no ordinary degree superior to the classes with which they are associated, and that the mass of physicians in Europe are in no respect superior to the mass in the United States, but, on the contrary, in their treatment of disease, it is fearlessly repeated that they are decidedly inferior.”*

MARKOE ON SUBCUTANEOUS PERFORATION OF BONE IN UNUNITED FRACTURE.

We extract the following notice of drilling from a recent lecture of Dr. Thos. M. Markoe, one of the surgeons of the N. Y. Hospital, for the purpose of showing the result of the employment of the method and the opinions entertained of it in that establishment, and also as showing a change of opinion in regard to the question of priority of its use.

We differ only in some minor points with Dr. Markoe in regard to the value of the method, but as we hope ere long to

* Caldwell.

publish another essay on the subject, we shall not enlarge upon the subject here.

1. *Drilling* the broken extremities, in such a manner as to wound, as far as may be, the opposed surfaces, and thereby to reproduce in a certain degree, the condition of recent fracture. As we now perform it, it was first suggested by Dr. Brainard of Chicago. The operation consists in making, first, a minute puncture through the skin, near the seat of fracture, and then introducing such a drill as this I show you, which is nothing more, in fact, than a long carpenter's drill, and with it boring in various directions, wounding as far as possible the surfaces of the fragments, as often as may seem necessary, to excite some action in their bony tissue. This operation may be repeated every eight or ten days according to the effects produced, or until union is found to be commencing, the parts being kept in the meantime in good apposition and at rest. The principle of this operation is, by the wounding of the broken extremities of the bone, to excite, by that means, anew, the disposition in the parts to throw out reparative material. It is supposed that when, in any case of fracture, the reparative nîsus has failed of its effect, the disposition to repair ceases, in a great degree, and even if the obstructing cause be removed, the parts will remain quiescent, until the reparative effort is, in some way, again aroused. This is in fact the principle upon which are founded all the surgical procedures, which have gained any repute, in the management of these cases. This operation by drilling is a simple, easy application of this principle, and its subcutaneous character, while it does not impair its efficiency, renders it less liable to produce evil consequences. In its present form, it is too recent to be precisely appreciated as to its result, but it has been sufficiently tried to show, that in a certain number of cases, it will suffice for a cure. We have employed it in a number of cases, in this hospital, and in some of them, with a very satisfactory success. It has the great merit of being comparatively safe, and in a certain class of cases, not the worst, is a very valuable surgical resource.

ON AN IMPERFECTLY KNOWN FUNCTION OF THE PANCREAS,
NAMELY DIGESTION OF NITROGENOUS FOOD, WITH COMPARATIVE
EXPERIMENTS ON GASTRIC AND INTESTINAL DIGESTION,
FOLLOWED BY A FEW CLINICAL DEDUCTIONS.

By L. CORVISART, M.D., *London Lancet*.

[The following important propositions, deduced from Dr.

Corvisart's skillfully conducted experiments, were sent to us, in manuscript, by the author, some time since, and we regret that very great pressure of matter prevented these valuable contributions to science being inserted before.—*Ed. L.*]

General Propositions, forming the Summary of an Essay, published with the above title, and read before the Academy of Medicine of Paris; the first part in 1857, and the second in February, 1858.

Very little is known about the manner in which the animal or nitrogenous food is digested in the *bowel*; and science has not advanced one step since the discovery of Purkinje and Pappenheim (1836) respecting the dissolving action which the pancreatic juice may exercise on such food—a discovery which has indeed remained almost unnoticed.

The physiological and experimental investigations on the *second digestion* (intestinal digestion), of which I have given an account (in the before-mentioned essay), have led to the following important results:—These are twofold: One group, of a physiological and direct character, are deduced from actual experiments. The other, of a pathological and indirect nature, are deductions or corollaries, which, as it seems to me, throw some light on clinical medicine.

I.—*Physiological Propositions.*

1. Nitrogenous food is digested both by the stomach and the pancreas.

2. The pancreas is, as it were, a supplementary organ, whose action, after copious meals, is added to that of the stomach.

3. Both digestions are of the same nature, as any article of food subjected to either is transformed into the self-same nutritive product (albuminose or peptone).

4. The pancreatic juice has peculiar reactions under the influence of heat or certain agents, which reaction *the gastric juice does not present*. As this difference in the juices is found when they are both charged with peptones, after digestion, it has erroneously been supposed that the peptones also differed. This pardonable error, being pointed out, will hardly again be fallen into.

5. When an article of nitrogenous food, or a portion of it, has undergone a thorough gastric digestion, the pancreatic juice no longer acts upon it, and does not transform it into another peptone.

6. The pancreatic juice is intended to act upon that part of

albuminoid substances which has left the stomach before being transformed into albuminose.

7. The amount of action of the pancreas may, in certain cases, be equal to that of the stomach.

8. If the mere quantity of secreted fluid were alone taken into account, the stomach might be looked upon as the more powerful, for the gastric juice is ten times more abundant than the pancreatic juice; but the latter is, to make up the difference, ten times richer in ferment (pancreatine).

9. The gastric juice has the advantage of a prolonged contact and stirring with the food; but the pancreatic juice has, on the other hand, the faculty of acting upon azotized aliments equally well, either in an alkaline, neutral, or acid state; it also acts three times quicker than the gastric juice.

10. Every thing is so disposed in the duodenum, that the pancreatic juice acts immediately it comes in contact with the food; and every thing is so arranged in the stomach that a large part of the food is transformed into peptone, the remaining part being, at the very least, so prepared, as rapidly to undergo the pancreatic digestion.

11. This preparation, which varies according to the quality and quantity either of the food or the gastric juice, etc., consists sometimes in a simple imbibition, sometimes in a dissevering or an extreme division, and sometimes in a solution. Pancreatic digestion, being forcibly very rapid, is usefully assisted by this preparation, the stomach acting respecting the pancreas in the same manner as the teeth do respecting gastric digestion.

12. It is, however, to be noticed that the pancreatic juice is able to accomplish, unassisted, the digestion of food which has not been subjected to that gastric preparation or division, in the same way as the gastric juice can digest food without extraneous help. Hence, pieces of albuminoid substances, being *directly* placed into the intestine in a raw state—that is to say, without any preparation—are perfectly and completely digested, the process being, however, somewhat slow. The pancreatic juice can, by its own unassisted energy, carry on the digestion of nitrogenous food, without requiring the adjunction either of the intestinal juice or the bile, to gain digestive properties. The digestion of azotized food, performed in glass jars over the water bath, by means of the pancreatic juice or isolated pancreatine, goes on in the same manner as in the duodenum.

13. When the gastric and pancreatic juices are separated, and act in succession, each performs its function com-

pletely, and the quantity of albuminose produced may thus be doubled.

14. But it is a remarkable fact, that when these two digestive ferments meet in a state of purity, the two digestions are no longer freely carried on. The mixture, far from doubling the produce, may reduce it to naught, for pepsine and pancreaticine destroy each other under these non-physiological circumstances.

15. Nature, in the normal state, prevents this conflict, by three distinct means—1stly, by the pylorus, which separates the two ferments; 2ndly, by the very gastric digestion through which pepsine exhausts and abolishes itself in the formation of peptone; 3dly, by the bile, which destroys the activity of the gastric ferment, as has been shown by Pappenheim.

16. Bile does not precipitate the peptone produced by the influence of the stomach so as to destroy digestion and necessitate its being again begun. On the contrary, the bile itself is precipitated by the acid of the gastric juice or of the chyme.

17. The nature of the nitrogenous food has much to do with the quantity of peptone which the two successive digestions can produce for the requirements of economy. I have thus found in my experiments, that whilst musciline and caseine yielded almost one ounce of perfect peptone, albumen, or gelatigenous textures, though given in the same quantity, yielded hardly half an ounce.

18. At the outset, gastric or pancreatic digestion destroys the most characteristic properties of the various albuminoid substances. It liquefies insoluble ones, deprives albumen of its coagulability, and caseine of its property of coagulating by rennet. It also deprives gelatine of its property of turning into jelly, and musciline of being precipitated by chloride of sodium, etc. In short, it transforms all the substances into albuminose and peptone.

The different kinds of albuminose, although their individual reactions are much less marked than those of the albuminoid substances whence they are derived, have, nevertheless, distinct characters.

19. The nature of peptones varies as the nitrogenous substances from which they are derived. This variety satisfies the different (plastic?) requirements of the economy.

20. The peptones which are most alike and most difficult to distinguish from each other, are, the albumen-peptone; just as if the articles of food from which these peptones are derived were less different from each other than is generally supposed.

Fibrine-peptone and caseine-peptone are more easily distinguished from each other, and from the substances above named. From the slight differences existing between azotized articles of food, or peptones, there arises a kind of unstable equilibrium, favorable to the work of assimilation performed by the tissues of the body.

21. The generic character of peptones is, that they are always soluble in water, be the latter acid, neutral, or alkaline, which circumstance secures an easy circulation in the organism. Heat does not coagulate peptones, and hardly any of them are precipitated by acetate of lead. Besides, they resist insoluble metallic combinations a great deal better than nitrogenous articles of food.

22. Peptones form a genus, as well defined as the albuminoid genus. It is, however, evident, that by the progress of science, their nature will eventually be more exactly determined than can be done at the present period.

23. Some physiologists persist in the erroneous belief that the stomach merely swells or divides the food without dissolving it. How can they, however, withstand the testimony of the scales, which plainly show that, even where the weight of the food is considerable, every albuminoid article of food subjected to the action of the stomach is not merely divided, but dissolved, passes through the filter, and is absorbed by the membranes!

24. Others have maintained that the gastric juice, acting on nitrogenous food, produces only gelatine. They, however, lose sight of the fact, that the characters which place gelatine in a peculiar albuminoid class, have never been discovered in the chyme after a digestion of fibrine, caseine, musculine, or albumine, even when the chyme was neutralized; and that, moreover, gelatine itself completely loses its specific characters, in consequence of undergoing digestion in the gastric juice.

25. Others, finally, resting on the hypothesis, that the albumen of the blood is nothing but the digested matters themselves, maintain, that the peptones are reduced to albumen, by losing their acidity—viz: by being neutralized. Such an error can hardly exist, except albumen and fibrine be alone taken into account, excluding all other aliments; as an incomplete digestion of the albumen and fibrine may lead to confusion. Crude albumen, in fact, always partly escapes gastric digestion; indigested fibrine is transformed into albumen only (caseiform); these two cases excepted, if experiments be made on the produce of concrete and washed albumen, of caseine, musculine, or

gelatine, regularly digested by the stomach, no doubt can any longer be entertained. These gastric peptones never contain any albumen.

26. The peptones, either received or produced by the pancreatic juice, do not, any more than the latter, form any new albumen, and, whether they be primarily or consecutively acid, alkaline or neutral, do not increase by an appreciable weight the coagulable albumen which the pancreatic juice, pure and without peptone, *normally contains*.

27. During the three hours which follow a meal (when digestive solution, transformation, and absorption are not much advanced), the blood of the vena portæ (compared to the venous blood generally) does not become charged with a noticeable quantity of nitrogenous matter through digestive absorption; whilst on the other hand, the elements of the blood, globules and fibrine become changed into albumen (caseiform) by a commencement of digestion, either in the intestine or the water bath, under the influence of the alkaline pancreatic juice.

28. Now, if it be considered that, during the first three hours of digestion—1stly, the pancreatic juice poured into the duodenum remains therein in a pure and active state; 2ndly, that this juice can pass into the vena portæ (for absorption by the mesenteric veins is not suspended); 3rdly, that this same juice can act in such an alkaline medium as the blood. If, moreover, it be considered that during those very three hours, a large portion of the globules and fibrine of the blood of the vena portæ is, weights remaining equal, transformed in that vein into albumen (which is a commencement of transformation similar to that which they would have undergone in the intestine under the influence of this same pancreatic juice) we can hardly refuse our assent to the hypothesis of a *true intra-venous digestion*, which hypothesis I confidently put forward.

29. No actually differential character has ever been pointed out between the nitrogenous matters which go by the name of extractive, and the albuminose, which is generated by gastric or pancreatic digestion. Now, it should be noticed that the lacteals, the vena portæ, and the hepatic veins which are its continuation, or in other words, the vessels which most directly receive the product of digestion,—are by far richer in extractive matter (albuminose) than the rest of the blood. It may, moreover, be noted that they are also richer in glucose.

30. The nutritive richness of the hepatic vessels (albuminose and glucose being contained in them) may be explained by the gastro-intestinal absorption, to which is energetically added

prolonged intra-venous digestion, although the liver has no share in the process.

II.—*Corollaries, vel Pathological Deductions.*

A. We may take it as almost certain that there exists (as regards albuminoid aliments) a duodenal dyspepsia, caused by the vitiation, insufficiency, or absence of the pancreatic juice, the symptoms of which appear only from the second or third hour of digestion, with a deeper-seated pain than is felt in gastric dyspepsia. (See Propositions 1, 2, 3, 6, 7.) The internal use of pancreatine is indicated* in cases of pancreatic duodenal dyspepsia.

B. Secondary duodenal dyspepsia may be the result of an almost total absence of that kind of division which food, under the least favorable circumstances, undergoes by means of the gastric juice before that food has been transformed into peptone. Pancreatic digestion is then slower, just as gastric digestion is slower when the teeth have not duly performed their functions. This secondary pancreatic dyspepsia may be cured by the treatment suited to the primary gastric dyspepsia.

C. Another secondary duodenal dyspepsia may arise, either from an excess of gastric juice, or from a patency of the pylorus; for in these two individual cases the gastric juice reaches the duodenum in unfortunately retaining all its active properties, which latter are prejudicial to the action of the pancreatic juice. (See Propositions 13, 14, 15 and 16.)

D. A third duodenal dyspepsia may arise from deficient biliary secretion, this deficiency being followed by the same unpleasant effects as are noticed in the two preceding cases, on account of the non-destruction of the activity of the gastric juice in the duodenum.

E. A peculiar kind of dyspepsia, which might be called of the portal vein, or hepatic, may arise from the vitiation of the intra-venous digestion.

F. Certain symptoms of dyspepsia, gastralgia, enteralgia, or

* Last year Dr. Corvisart made some clinical experiments on the therapeutic use of pure pancreatine. The difficulties he met with are recorded in the *Gazette Hebdomadaire* of Paris, May, 1857, p. 321, 322. Dr. G. Harley, who read a paper on digestion (just twelve months after the above date) at the meeting of the British Association for the Advancement of Science, seems never to have heard of Dr. Corvisart's article on the subject. Dr. Harley maintains, in opposition to the latter physician's statements, that in the administration of duodenal ferment, it is not necessary to imitate nature, who prevents pancreatine from passing into the stomach. For the causes of the difficulties met with by Dr. Corvisart, and the means to overcome them, see Propositions 13, 14 and 16, paragraphs C and D of the summary, and page 51 of the Essay.

hepatalgia, may erroneously be attributed to the stomach, the intestine, or the liver; these symptoms may simply be the result of the absorption of a too abundant, too active, or too irritating pancreatic juice by the vena portæ.

G. Bile, when it reaches the stomach, destroys the activity of the gastric juice within that organ, whether it penetrates the cavity pathologically through the pylorus or by the mouth and cardia. The knowledge of this fact may lead to the employment of bile to counteract the morbid super-abundance of the gastric juice.

H. The economy is supplied with a variable weight of peptone, though the weight of different kinds of nitrogenous articles of food and digestive force remain the same, the weight of the peptones varying according to the kind of nitrogenous food. It is a great error in hygienics to esteem the trophic, or nourishing power of a nitrogenous article of food, simply by the amount of nitrogen it contains. The trophic, or alimentary standard of food, is not so easily fixed.

I. When it is more urgent to allay pain and irritation about the digestive organs than to restore muscular energy, the food should consist of that kind of aliment which is most quickly and completely dissolved, whatever be the amount of peptone it yields.

J. But when it is more important rapidly to restore muscular force than to allay gastro-intestinal pain, we should, on the contrary, give such food which, the digestive force being the same, yields the greatest weight of peptone, though that food be likely to dissolve and digest slowly. (See Proposition 17.)

K. He who digests with one organ only (stomach or pancreas), is thereby put on half allowance as regards peptone; and he who eats only albumen or gelatinous tissue (instead of caseine or musculine, which yields double as much peptone), is also put upon half allowance; and with a normal and equal digestive force, is only half nourished. (See Proposition 17.)

In the two preceding cases, an over-activity either of the one organ (first case), or of both organs (second case), may occur, and extract from the food the full allowance of peptone. But we must not long trust this extreme functional exertion; for any persisting over-activity must sooner or later end in exhaustion.

L. We should not give for a long time one kind only of nitrogenous food, not only because one kind of azotized aliment is not capable of repairing the waste of the organism, but also

because the same article of food exclusively and continuously (for a week for instance), no longer excites gastric secretion, and no longer fully undergoes the digestive transformation.

M. Most of the peptones upon which I have made experiments, have the peculiarity of not being precipitated by neutral acetate of lead. Now, in all cases where the albuminoid matters of the urine happen to be of the albuminose kind, they remain in solution, in spite of the acetate of lead used to precipitate them. They therefore mask the sugar more effectually than all other ingredients of the urine, when the potash and copper test is employed. The presence of sugar may thus be overlooked when it really exists in the urine.

BOOK AND PAMPHLET NOTICES.

A MANUAL OF ELEMENTARY CHEMISTRY, THEORETICAL AND PRACTICAL. By GEORGE FOWNES, F.R.S. From the seventh revised and corrected London edition. Edited by ROBERT BRIDGES, M.D., Professor of Chemistry in the Philadelphia College of Pharmacy, etc. Philadelphia: Blanchard & Lea. 1859. From W. B. Keen.

"Fownes' Manual" has already been adopted as a text book in many of the medical colleges in this country, which shows sufficiently the estimation in which it is held. This from the seventh London edition is fully corrected, so as to represent the present state of chemical science, and render the work deserving of the same rank which it has hitherto maintained.

WOMAN: HER DISEASES AND REMEDIES. A Series of Letters to his Class. By CHARLES D. MEIGS, M.D., Professor of Midwifery and the Diseases of Women and Children, in the Jefferson Medical College at Philadelphia; Member of the American Medical Association, of the American Philosophical Society, and the Council; late Vice-President of the College of Physicians of Philadelphia; of the Swedish Society of Physicians at Stockholm; late one of the physicians to the lying-in department of the Pennsylvania Hospital, etc. etc. Fourth edition, revised and enlarged. Philadelphia: Blanchard & Lea. 1859. From W. B. Keen.

In all, except in one particular, this book presents internal evidence of being the work of a veteran in the profession, for in the extended experience from which the author draws his

teachings, and the graceful authority with which he enforces them, we could not fail to recognize the hand of a master. But, from the peculiarly free, easy and florid style which pervades the entire volume, so entirely different from all that we are accustomed to meet in standard works upon the science or art of medicine, we would be led to the belief, that it must be the work of one who is still inhaling the atmosphere of vernal hope and buoyancy, rather than of one who, as the author says of himself in another place, "is walking in the descending path of life."

We greet this new edition of Dr. Meigs' work on Woman with much pleasure, and commend it to the profession, especially to the younger members, who may receive much valuable instruction from its pages, conveyed in a pleasing style. The teaching throughout the work reflects the highest credit upon the head and heart of the author, as does the mechanical execution of the book upon the skill of its enterprising publishers.

M.

IMPORTANCE OF THE STUDY OF LEGAL MEDICINE; a Lecture introductory to the Course on Medical Jurisprudence, at the New York Medical College. By JAMES WYNN, M.D., Lecturer on Medical Jurisprudence in the New York Medical College.

From this instructive lecture we extract a passage on the subject of analytical chemistry, which contains a well deserved tribute to several of our friends, including one of our colleagues in Rush Medical College. The lecture will well repay a careful perusal:

"In this class of cases it is always important to obtain the opinion of experts, whose studies and facilities for analysis give great and deserved weight to their opinions. The science of analytical chemistry is here of chief importance, and such men as Booth, of Philadelphia, Piggott, of Baltimore, J. Lawrence Smith, of Louisville, Blaney, of Chicago, and Campbell, Morfit, and Doremus, of this city, whose lives are devoted to this pursuit, and in which they have obtained deserved reputation, cannot be too widely known."

PROCEEDINGS OF MEDICAL SOCIETIES.

PROCEEDINGS OF THE SEMI-ANNUAL MEETING OF THE ESCULAPIAN SOCIETY, HELD AT GRAND VIEW, ILL., 25TH AND 26TH MAY, 1859.

The Society met in the Methodist Church, and was called to order by President, Dr. H. R. Payne. The minutes of the last meeting were read by the Secretary, and approved.

On calling the roll, twenty members answered to their names, or appeared during the meeting.

The Treasurer being absent, Dr. Gorham was appointed Treasurer *pro tem*.

The Censors recommended Drs. J. T. Pearman, of Elbridge, Ill., A. H. Kimbrough, of Georgetown, Ill., A. J. Miller, of Linton, Ind., and B. F. Keith, of Edwardsport, Ind., who were elected members of the Society.

On motion of Dr. Steele, adjourned, to meet at half past one P.M.

AFTERNOON SESSION.

The Society met according to adjournment, the President in the chair.

Dr. Davis read a paper on a peculiar form of the blue disease of infants, which was discussed by several members.

The Secretary read a communication from Dr. Washburn, on the elements necessary for success in practice.

Dr. Steele moved, the thanks of the Society be tendered Dr. Washburn for his paper, and Secretary be instructed to notify him thereof. Carried.

Dr. Davis moved, that a committee be appointed to memorialize the County Board of each county in this district, to remunerate physicians for attending paupers not in the poor houses. Carried.

Drs. Davis, Chambers and Mitchell were appointed.

Dr. Chambers read on essay on uterine tumors, which gave rise to a general discussion.

Drs. Hogue, Smith and Spears were appointed a Business Committee.

On motion, adjourned, to meet at eight o'clock this evening.

EVENING SESSION.

The Society met as per adjournment, the President in the chair.

Dr. Davis delivered an excellent address to an attentive audience, on quackery, ancient and modern.

Dr. Chambers moved the thanks of the Society be tendered Dr. Davis, for his address, and a copy requested for publication. Carried.

The audience was dismissed.

Dr. York reported a case of injury of one eye, followed by serious disease of the other, which was discussed by several members.

Dr. York offered the following resolution :

Resolved, That this Society recommend to each of its members to make and report to every physician in his vicinity, the names of all such persons as shall willingly neglect or refuse to make proper remuneration for their services ; and it shall be good ethics to refuse rendering their services to such persons.

After considerable discussion, on motion of Dr. Davis, the resolution was laid on the table until to-morrow.

Adjourned, to meet at eight o'clock A. M.

MAY 26, MORNING SESSION,

The Society met as per adjournment, the President in the chair.

The Business Committee submitted their report, which, after various amendments, was adopted, by the appointment of the following gentlemen to write on the subjects opposite their names, for the next meeting, viz. :

Dr. H. R. Payne—Effects of Malaria in Modifying Disease.

Dr. Davis—Diphtheritis.

Dr. Gorham—Delirium Tremens.

Dr. F. R. Payne—Epilepsy.

Dr. McCord—Milk Sickness.

Dr. Spears—Ophthalmia.

Dr. Miller—Menorrhagia.

Dr. Ten Brook—Vomiting in Pregnancy.

Dr. Keith—Croup.

Dr. Hoge—Hemorrhoids.

Dr. Van Dyke—Pneumonia.

- Dr. Chambers—Dropsical Effusions.
- Dr. Pearman—Typhoid Fever.
- Dr. Kimbrough—Neuralgia.
- Dr. Hinkle—Chlorate Potass.
- Dr. Swafford—The Hypophosphites.
- Dr. Smith—Rheumatism.
- Dr. Mitchell—Dysentery.
- Dr. Frizell—Hooping Cough.
- Dr. McAllister—Ergot in Hemorrhages.
- Dr. Stormont—Veratrum Viride.

Dr. Steele reported a case of Hemoptysis cured by ergot.
 Dr. Swafford a case of Puerperal Convulsions. Both cases were extensively discussed.

Dr. Davis offered the following resolutions :

Resolved, That the President shall delegate to some member of this Society, the duty of drawing up a circular, setting forth the advantages of a combination of skill and experience as is attained in medical societies; and the imperative obligation resting upon all members of the regular profession, to unite themselves with some association of this kind; and that a copy of said circular be sent to each respectable practitioner within the bounds of this Society.

Resolved, That the Treasurer be instructed to pay into the hands of the selected member, funds to defray the expenses of the same.

The resolutions were adopted, and Dr. Davis was appointed to carry out their intention.

Dr. York's resolution, offered last evening, was called up. After some discussion, on motion of Dr. Steele, it was laid on the table until the next meeting.

On motion, adjourned to meet at half-past one o'clock.

AFTERNOON SESSION.

The President called the Society to order, as per adjournment.

Dr. Van Dyke reported a case of snake bite. Dr. Spears reported a case of Erysipelas. Both cases were discussed.

Kansas, Edgar County, was selected as the place for holding the next meeting; and Dr. Chambers was appointed to deliver the public address.

Drs. Hogue, Herrick and Spears were appointed a Committee of Arrangements.

Dr. Chambers offered the following :

Resolved, That the President and Business Committee be instructed hereafter to make no appointment of a member to write on a special subject, unless they are satisfied that such appointment will be filled. Adopted.

Dr. Chambers moved the thanks of the Society be tendered the Committee of Arrangements ;—also, the Trustees of the Methodist Church, for the use of their house. Carried.

Dr. Stormont offered the following resolution, which was adopted.

Resolved, That the Secretary be instructed to notify all members of the Society, who have not attended the meetings for eighteen months from this date, that if they desire a continuance of membership, they are requested to be present, or furnish a paper, at the next meeting ; or if they desire an honorable dismissal, they are required to give notice thereof to the President or Secretary ; otherwise, they will be suspended.

The Secretary was ordered to furnish a copy of these proceedings to the *Chicago Medical Journal* for publication.

On motion, the Society adjourned, to meet at Kansas, on the last Wednesday in October next.

H. R. PAYNE, *President*.

D. W. STORMONT, *Secretary*.

ILLINOIS STATE MEDICAL SOCIETY. ANNUAL MEETING AT
DECATUR. REPORT OF PROCEEDINGS.

The annual meeting for 1859, of the Illinois State Medical Society, met according to previous appointment, in the city of Decatur, on the 7th of June, and was called to order by the President, Dr. H. A. Johnson, of Chicago.

Dr. Trowbridge, of Decatur, in behalf of the profession and citizens of that city, in a neat and appropriate address, extended a hearty welcome to the Society, and assured its members of the interest which the people and physicians of Macon would continue to feel in its prosperity and usefulness. The

roll was called, after which the order of business was suspended to allow of the election of permanent members.

The Society elected the following officers for the ensuing year :

<i>President,</i>	Dr. David Prince, of Jacksonville.
<i>1st Vice-President,</i>	Dr. H. W. Davis, of Paris.
<i>2d Vice-President,</i>	Dr. S. T. Trowbridge, of Decatur.
<i>Treasurer,</i>	Dr. J. W. Freer, of Chicago.

Drs. Luce, Young, and Chambers were appointed a Committee on Unfinished Business.

Dr. Stormont, of Grand View, presented a report from a committee, appointed at the last meeting of the Society, to memorialize the Legislature to enact a law for the Registration of Births, Marriages, and Deaths in this State.

From the report, it seems that the Legislature did not think the matter was of much importance. The difficulty, we presume, is, that they did not rightly understand the objects to be attained. All experience goes to show that the interests of society may be very much advanced by the provisions prayed for in this memorial.

The committee was continued for another year.

Dr. Young, from Aurora City Medical Association, presented a preamble and resolution, recommending the State Society to appoint a committee, whose duty it should be to use all proper means to secure the appointment of competent medical men to take the census of 1860, in the State of Illinois, and also to recommend what statistics ought to be taken for the benefit of science and health, other than those already provided for by law.

The preamble and resolution was referred to the Committee of Registration of Births, Marriages and Deaths.

The Society then adjourned till afternoon.

AFTERNOON SESSION.

The meeting was called to order at half-past two o'clock, by the President, Dr. Prince.

The report of the Committee on Obstetrics and Diseases of Women, by Dr. W. H. Byford, of Chicago, chairman, was pre-

sented, and an abstract read. The report was received, and referred to the Committee on Publication.

The Society proceeded to select a place for the next annual meeting. Jacksonville, Urbana, Chicago and Paris were proposed.

It was finally determined to meet in 1860, at Paris, on the second Tuesday of May.

Dr. Fishback, appointed by the Indiana State Medical Society, as a delegate, to attend the Illinois State Medical Society, was received, and invited to participate in the proceedings of the session.

Dr. E. Powell, of Chicago, chairman of the Committee on Surgery, read an abstract of the report, which was received, and referred to the Publishing Committee.

Dr. J. H. Hollister, of Chicago, presented a report on Nursing Sore Mouth, which was received, and also referred to the Committee on Publication.

The regular committee on Drugs and Medicines made no report.

Dr. Goodwin, of Rockford, a special committee, made no report.

Dr. Freer, of Chicago, also did not report, but was continued by his request.

Dr. Chambers, of Charleston, found that he had left his report on typhoid fever at home, but give a verbal synopsis. He was requested to forward it for publication.

The Committee on Legalizing Dissection made no formal report.

Members of the Committee stated, that the matter was suggested to several members of the Legislature, at the last session, but it was believed that nothing could be done, and, therefore, no formal action was taken.

The committee was continued.

The Society adjourned till Wednesday morning.

SECOND DAY.

Society called to order by the President, Dr. Prince, at half-past eight o'clock.

Minutes of previous day read and adopted.

The Committee of Arrangements reported quite a number of additional delegates and permanent members.

On motion of Dr. Freer, those proposing new members were required to pay the initiation fee for the candidates proposed.

The Committee on Prize Essays reported, that they had determined to award the prize of twenty dollars offered by Dr. J. M. Steele, of Grand View, for the best essay on the Uses of Opium in Inflammatory Diseases, to Dr. A. S. Hudson, of Sterling, Ill., and the prize of fifty dollars offered by the Society, to Dr. Philips, of Dixon.

The subject of this essay was the Influence of Climate on Tuberculosis or Consumption.

Dr. Davis, from Special Committee on Alteration of Blood in Continued Fever, reported in part, and was continued for another year.

Dr. Young extended an invitation to the Society to meet in Aurora in 1861, which was received and placed on file.

On motion, Drs. Brainard and Miller, of Chicago, and Davis, of Paris, were appointed delegates to attend the meeting of the Indiana State Medical Society.

Dr. N. S. Davis, of Chicago, was appointed to deliver the annual address at the next regular meeting of this Society.

Drs. Young, Stormont and Johnson were appointed a committee on prize essays for the ensuing year.

Dr. Whitmire offered twenty dollars as a prize for the best essay on the use of strychnine in the treatment of chronic malarial diseases.

Dr. A. Hard, of Aurora, was appointed a special committee on the medical use of *Veratrum Viride*.

Dr. E. L. Holmes, of Chicago, was appointed a special committee on Affections of the Eye.

The thanks of the Society were tendered to retiring officers, the Committee on Arrangements, and the citizens of Decatur.

On motion of Dr. Johnson, the Society adjourned, to meet in Paris on the second Tuesday in May, 1860.

On Tuesday, May 7th, the retiring President, Dr. H. A. Johnson, of this city, delivered an address before the Society,

on the subject of "Human Dissections, and the interest which the people should feel in the pursuit of anatomical studies."

On motion of Dr. York, it was directed that each member of the Society act as a special committee to procure the publication in his local newspaper of such portions of the address as may in his judgment seem proper.

TENTH ANNUAL SESSION OF THE INDIANA STATE MEDICAL SOCIETY.

TUESDAY MORNING, MAY 17.

The Society convened at half-past ten o'clock, in the hall of the House of Representatives, Dr. Bullard presiding.

Dr. Dunlap, the chairman of the Executive Committee, reported the order of business, which was adopted.

Adjourned till two o'clock P.M.

AFTERNOON SESSION.

Dr. Bullard in the chair. Minutes read and adopted.

Dr. Dunlap moved that a committee be appointed to conduct the President elect to the chair. Drs. Dunlap and Mears were appointed said committee.

Dr. Johnson was welcomed to the chair by the retiring President.

Dr. Davidson moved that a committee of three be appointed to select some member to deliver an address in this place this evening.

Drs. David, Brower and Fishback were appointed.

Dr. T. Parvin was appointed Secretary *pro tempore*.

The President appointed a committee on admissions—Drs. Bullard, Kersey and Meeker.

The committee appointed to report some member to deliver an address before the Society, reported the name of Dr. Bullard, the address to be delivered at the hall of the House of Representatives, at a quarter before eight o'clock this evening.

Committee upon admissions reported the following names:

W. H. Cyrus, Allisonville.

Nathan Mendenhall, Plainfield.

C. F. Elder, Knightstown.

Isaac S. Collings, Cicero.

M. J. Lynch, Indianapolis.

J. B. Davis, Indianapolis.

H. Winton, North Manchester, Wabash county.

Dr. J. McFadden Gasten, of South Carolina, was elected honorary member.

Dr. Bullard offered the report for the Treasurer, Dr. Parry. Received.

The Chairman of the Committee on Publication reported verbally, and asked to be discharged.

Committee on Finance asked further time to report. Granted.

Committee on Ethics—no report.

Committee on Diseases of Brain—no report.

Committee on Practice of Medicine—Dr. Kitchen read a report from Dr. Woodworth, chairman of the committee. Reported to Committee on Publication.

Committee on Surgery—The Chairman, Dr. Spencer, offered his report through the Secretaries. Report read, received and referred to Committee on Publication.

Committee on Obstetrics, Dr. Ayres, chairman, offered his report through Dr. Kitchen. Report read, and referred to Committee on Publication.

Committee on Medical Education, Dr. Smith, chairman, asked that it might be made the special order for to-morrow, at ten o'clock A. M.

Committee on Materia Medica—no report.

Adjourned to quarter before eight this evening.

EVENING SESSION.

Society met pursuant to adjournment, the President in the chair.

Dr. Dunlap moved that a committee on nominations, to consist of five, be appointed by the chair.

The Chair appointed the following committee:

Drs. Dunlap, New, Ritter, Meeker, and Kitchen.

Dr. Bullard was then called upon to deliver his address.

A copy of the address was requested for publication.

Adjourned to meet at nine o'clock Wednesday morning.

SECOND DAY—WEDNESDAY MORNING, MAY 18.

Society met at ten o'clock, pursuant to adjournment, the President in the Chair.

A resolution making the election of officers *viva voce*, instead of by ballot, lying over from last year, was, on motion of Dr. Woodburn, adopted.

The Committee on Nominations made the following report:

President—David Hutchinson, M.D.

Vice-Presidents—John Sloan, M.D.; R. M. O'Ferral, M.D.; J. S. McClelland, M.D.; R. E. Houghton, M.D.

Corresponding Secretary—George M. Darrach, M.D.

Recording Secretaries—F. S. Newcomer, M.D.; T. Parvin, M.D.

Delegates to the American Medical Association—Drs. Chas. Fishback, S. G. Collier, Wm. Davidson, M. M. Latta, L. Humphreys, C. West, T. W. Fry, H. Winton, W. C. Thompson, R. De Pew, G. S. Freeman, Wm. Lomax, Horace Coleman, W. H. Wishard, M. H. Wright, P. H. Jameson, T. W. Taylor, Henry Cox, S. B. Butler, Wm. Readea, S. D. Day, A. M. Vickery and H. D. Henderson.

Delegates to the Ohio State Medical Society—Drs. Charles Parry and T. Parvin.

Special Committees.

Progress of Medicine—J. H. Brower, M.D.

Surgery—D. Meeker, M.D.

Obstetrics—Wm. Davidson, M.D.

Medical Education—Charles Fishback, M.D.

New Remedies—W. T. S. Cornett, M.D.

Operations for the Relief of Defective Vision—T. Parvin, M.D.

Continued Fevers—P. H. Jameson, M.D.

Microscopic Investigation—C. West, M.D.

Report adopted.

Dr. Bullard, Chairman of the Committee on Finance, reported the annual assessment to be two dollars. Adopted.

Dr. George Free, of Cincinnati, Ohio, was elected an honorary member.

Dr. Meeker, Chairman of the Committee on False Joints,

which was continued from last year, read his report. This report was referred to the Committee on Publication.

The hour for the special order of the day having been announced by the Chair, Dr. Fishback, from the Committee on Medical Education, offered his report. Referred to Committee on Publication.

The resolutions accompanying the report were then taken up *seriatim*, and after several amendments, adopted as follows:

Resolved, That, concurring in the general principles of the foregoing report, and for the purpose of developing and diffusing a correct public sentiment both in and out of the profession in reference, and for the further purpose of securing concert and harmony of action in some definite proposal to the next Legislature for its official action in behalf of the public good, this Society will hold an extra meeting in this city one day before the next annual meeting, for further discussion of the subjects embraced therein. Second, that local Medical Societies throughout the State, and all members of this Society, be urged to agitate the subject in their respective localities. Third, that a Committee of Arrangements and Correspondence be appointed to make all needful preparations for the proposed extra meeting.

Dr. Dunlap was requested to read his paper on "The Plurality of the Races of Men, and their Destiny," a copy of which was requested for publication.

Adjourned to half-past one o'clock P.M.

AFTERNOON SESSION.

The Society met pursuant to adjournment, the President in the chair.

The Committee on "the Treatment of Syphilitic Diseases without the use of Mercury," reported by Dr. Haughton, chairman. Read, and referred to the Committee on Publication.

A paper on Microscopy, sent by Dr. West, was read by Dr. Hutchinson, and referred to the Committee on Publication.

[At this point the Society took a recess of an hour, to accept of the hospitalities of our ex-President, Dr. Bullard.]

The President appointed the following standing committees:

Executive.—Drs. P. H. Jameson, C. Brown, J. M. Gaston, T. B. Harvey and J. J. Wright.

Finance.—Drs. T. Bullard, W. R. Winton, B. S. Woodworth, M. H. Harding, and G. M. Darrach.

Publication.—Drs. T. Parvin, F. S. Newcomer, J. H. Woodburn, J. M. Kitchen, and R. E. Haughton.

Ethics.—Drs. H. P. Ayres, C. Parry, R. D. Mauzy, Ben. Newland and C. Bowman.

Committee of Correspondence and Arrangements for Extra Meeting.—Drs. M. H. Wright, J. M. Kitchen, and C. Fishback.

Dr. Brower offered the following preamble and resolutions:

WHEREAS, By a resolution of the American Medical Association, at its late meeting, the subject of the establishment of asylums for the treatment and cure, and by adequate remedies and moral agencies, of confirmed inebriates, was commended to the notice of the several State and County Medical Societies, and

WHEREAS, This Society recognizes in this movement, now in progress, especially in the State of New York, a principle, which, if effectually carried out, may result in the permanent cure and restoration to the useful pursuits of life, many of the unfortunate victims of this form of combined physical and mental disease, and thus carry out one of the most benevolent movements of the age; therefore,

Resolved, That a committee of one be appointed, whose duty it shall be during the recess of this Society, to collect from authentic sources, such information and statistics upon the subject as may enable its members more fully to appreciate its importance and carry out its object.

Dr. Brower was appointed said committee.

Dr. Fishback offered the following resolution, which was adopted:

Resolved, That a committee be appointed on criminal abortion, to collect statistics in this State embracing the number of attempts, in married and unmarried—the means used for producing—and mode of action of each kind of means.

The President appointed Dr. Fishback chairman.

Dr. Harvey read a report of a case, which was referred to the Committee on Publication.

Dr. Harvey moved that a delegation of three be appointed to attend the Illinois State Medical Society.

The President appointed Drs. Harvey, Fishback and R. M. O'Ferrall.

Dr. H. Winton read a report of a case, which was referred to Committee on Publication.

Adjourned to half-past seven o'clock P.M.

EVENING SESSION.

The Society met pursuant to adjournment, the President in the chair. Minutes read and approved.

Dr. Davidson read a paper on Scorbutus. Referred to the Committee on Publication.

A vote of thanks was tendered the Librarian for the use of the Hall.

Dr. Winton reported several surgical cases. Referred to the Committee on Publication.

The following members were present: Drs. T. Bullard, L. Dunlap, J. H. Woodburn, C. Brown, J. M. Kitchen, T. Parvin, Wm. Davidson, C. Fishback, D. Meeker, H. D. Henderson, G. W. Mears, R. M. Wellman, T. B. Harvey, L. Ritter, R. C. Moore, J. N. Green, Henry Cox, J. J. Rooker, J. S. McClelland, J. H. Bromer, D. Hutchenson, Nathan Johnson, V. Kersey, Wm. R. Smith, G. W. New, R. E. Haughton, W. C. Thompson, M. H. Wright, Wm. H. Green, S. A. Kennedy, John Lewis, F. M. Mothershead, J. H. Jameson, T. M. Stevens, L. Todd, J. M. Gaston, D. Funkhouser, G. M. Darrick, J. S. Bobbs, C. Parry, William Reader, S. G. Wallace, S. G. Collier, A. J. Mullen, B. Bartholomew, J. S. Comingore, S. M. Vickney, S. J. Boynton.

Adjourned to meet third Tuesday in May, 1860.

NATHAN JOHNSON, *President.*

F. S. NEWCOMER, } *Secretaries.*
T. PARVIN, }

MISCELLANEOUS MEDICAL INTELLIGENCE.

Suspension of a Clinical School.—The *Peninsular and Independent* announces the suspension of the Clinical School connected with the medical department of the University of Michigan.

New Colleges.—The *American Medical Gazette* states that at the close of his winter's clinical course, at Bellevue Hospital, Dr. James R. Wood announced a new medical school in connection with that institution as in embryo.

The physicians of Alabama are making efforts to establish a medical school in Mobile, Alabama. D.

Appointment and Resignation of Medical Professors.—Dr. George B. Wood has resigned the posts he has filled for many years as Professor of Theory and Practice in the University of Pennsylvania, to take effect at the close of the next lecture term, and of Physician to the Pennsylvania Hospital, where Dr. F. G. Smith has already succeeded him.

The Faculty of the Medical Department of Pennsylvania College have resigned simultaneously, and the Faculty of the Philadelphia Medical College have been elected to occupy their places. The causes of this summary change have not been made public.

New York Colleges.—Drs. C. R. Gilman and B. F. Barker have resigned their respective chairs as Professors of Obstetrics and the Diseases of Women and Children, the former in the College of Physicians and Surgeons, and the latter in the New York Medical College. Dr. Geo. T. Elliott, jr., has been appointed to the vacancy occasioned by Prof. Gilman's resignation, and Dr. E. R. Peaslee to fill Prof. Barker's chair.

Dr. Markoe, clinical lecturer in New York Hospital, has

been appointed Adjunct Professor of Surgery with Prof. Willard Parker.

Dr. Austin Flint, jr., the able editor of the *Buffalo Medical Journal*, has been appointed to the chair of Physiology and Microscopic Anatomy in the University of Buffalo, and Dr. S. Eastman to the chair of Anatomy.

Medical Journals.—The *Montreal Medical Chronicle* has ceased to be issued. Its editors say the action of the new Canada postage law would render its publication an expense to its publishers.

The *Maine Medical Journal* has not been sustained by the physicians of that State, and consequently its editor refuses to issue it another year.

The *Buffalo Medical Journal* will hereafter be edited by its former editor, Dr. Flint, jr., at New York, and continue to be published at Buffalo. D.

EDITORIAL.

RUSH MEDICAL COLLEGE.

The arrangements for filling the vacancies in the faculty of this institution are complete. The corps of professors will be made up as follows:

- Prof. of Surgery, Daniel Brainard, M.D.
 - Prof. of Chemistry and Pharmacy, James V. Z. Blaney, M.D.
 - Prof. of Surgical Anatomy, Joseph W. Freer, M.D.
 - Prof. of Obstetrics and Diseases of Women and Children, DeLaskie Miller, M.D.
 - Prof. of Theory and Practice of Medicine, J. Adams Allen, M.D.
 - Prof. of Physiology and Pathology, A. S. Hudson, M.D.
 - Prof. of Materia Medica, Ephraim Ingalls, M.D.
 - Prof. of Descriptive Anatomy, Robert Rea, M.D.
- Of the gentlemen whose names have not before appeared in

connection with the college, it is only necessary to say that all are eminently qualified. Several of these are already well known as medical teachers:—Prof. Allen for his connection with the University of Michigan. Prof. Hudson for his connection with the Iowa University, of Iowa. Dr. Rea was formerly Demonstrator of Anatomy in the Ohio Medical College, and has given several courses of lectures on anatomy and physiology. Dr. Miller is a leading practitioner in his department in the city; President of the Chicago Academy of Medical Sciences; and already favorably known to the readers of the *Journal*. Dr. Ingalls is a graduate of Rush Medical College, who has, with great diligence and success, cultivated the branch which he is to teach.

The College Clinic, the Marine Hospital, and the City Hospital, will all afford their advantages for clinical instruction. It is the determination of the faculty to spare no effort nor expense to place Rush Medical College on a par, so far as regards the means of instruction, and the size and character of its classes, with the first institutions of this country.

CORRECTION.

In speaking of the number of lectures to comprise a course in the Lind University, 430 was printed instead of 480 as written. The number embraced in a course of sixteen weeks was correctly stated at 576.

We have been informed that in the article referred to, injustice has been done to the University of Michigan in classing it with the Lind University. It appears that the course in the Michigan University embraces the full number of lectures, although given in a longer term. We cheerfully make this correction.

CURE OF ANEURISM BY COMPRESSION.

Dr. Brainard has recently succeeded in curing a popliteal aneurism by compression of the femoral artery. The compression was kept up 60 hours, when the pulsation was found to have ceased.

This is the fourth case in which Dr. Brainard has used compression for the cure of popliteal aneurism, and the first in which it has been successful. The failure in the former cases was owing to the unwillingness of the patients to bear the pain of pressure.

P.

The custom in our medical societies, of referring unread papers to the Committee on Publication, we think, a wrong and injurious one.

In the first place, we should imagine no one would be willing to prepare a paper, giving it all the care, attention and research necessary to do it properly, and justice to himself, would be willing to donate his services for such a purpose with no other equivalent than seeing his name and paper in print.

One of the principal objects for which societies are formed, is for the interchange of opinion, and to elicit thoughts and ideas, and what serves as so fruitful a basis or text, as the several papers there presented; therefore, we say, a writer should be unwilling to allow his paper to pass undiscussed, that he, in common with the rest, might receive his reciprocal share of profit.

In the next place, courtesy demands that the society, unless for very good and sufficient reasons, should listen to the results of the labors of its members.

Many of the papers are prepared with great care, and are abundantly worthy of the attention of the Society, and to be placed among its recorded labors; others are not.

The position of the Committee of Publication is such, that very little option is granted them, and a reference is almost, or entirely equivalent to an order for publication. The Society should hear, and then have independence enough to decide upon the worth or inferiority of papers presented.

The amount of business, as yet, of the Illinois State Medical Society, is no excuse, and the absence of the writer can easily be remedied in a substitute.

The difficulty is yet comparatively small, and we only allude to the subject that it may not be allowed thoughtlessly to grow into a serious evil, as it has in many States.

R.

CITY HOSPITAL.

We are happy to inform the readers of the *Journal*, that the City Hospital is now completed, and arrangements have been made by the municipal authorities for opening the same, for the reception of patients. The site of the building, in the Southern portion of the city, was selected most judiciously for the salubrity of its location. It has been constructed upon the most approved plans, for perfect ventilation and convenience, and will admirably fulfil the purposes for which it was established. It is capable of accommodating comfortably about two hundred patients, and will be under the charge of the following Board of Physicians and Surgeons.

Physicians—DeLaskie Miller, M.D., Joseph K. Ross, M.D., and Samuel C. Blake, M.D.

Surgeons—Daniel Brainard, M.D., Geo. K. Amerman, M.D., and Geo. Schloetzer, M.D.

A ward will be appropriated for the reception and treatment of diseases of the eye, which will be attended by E. L. Holmes, M.D., one of the attending surgeons of the Chicago Charitable Eye and Ear Infirmary.

A lying-in ward for parturient women will also be connected with the Hospital.

Thus we may affirm that the city, for the first time, possesses an institution for the care of the sick, in all respects, commensurate with the demands of the public and interests of the profession.

This arrangement affords ample facilities for clinical instruction, which will be given in all the departments, to those pursuing their medical studies in this city.

We feel confident the profession will appreciate the great advantages thus afforded for the attainment of a thorough knowledge of clinical medicine.

The rate of charges in the public wards for all patients, either from this city, or from a distance, will be \$3.50 per week, which will embrace medical and surgical attendance, medicines, board, lodging and nursing. For those who wish private rooms and special attendance, such rates as may be fixed, on the application of the patient.

M.